



Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Kathleen (Katie) Steele Danner, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

3605 Missouri Boulevard
P.O. Box 4
Jefferson City, MO 65102-0004
573-751-0098
866-289-5753 TOLL FREE
573-751-3166 FAX
800-735-2966 TTY
website: <http://pr.mo.gov/healingarts.asp>

Connie Clarkston
Executive Director

Dear Athletic Trainer Applicant:

Attached are the materials you need to make application for licensure to practice as an Athletic Trainer in the State of Missouri. Included in the packet are:

1. The application with specific instructions for completing it;
2. Documents and Fee page which will help you through the application process;
3. Verification of Licensure form (if necessary, please make additional copies);
4. Authorization for Release of Medical Records;
5. Activities Statement form.

It is suggested that you read the documents and fee page before beginning the process. Next read the Athletic Trainer Statutes and Rules that are located on the Board's website at the address listed above. Besides containing applicant information, the statute governs your professional conduct as an Athletic Trainer in the State of Missouri.

No application can be considered by the Board until the entire file is complete. Therefore you should not make any firm commitment to begin practicing until you have received notification of licensure in writing from this office. Proof that an Athletic Trainer has practiced in Missouri before becoming licensed, is grounds for denial of licensure. All licenses expire on January 30th of each year regardless of the date of issuance. It is your responsibility to renew your license before the expiration date.

Please be advised that no application will be processed without a fee. You will be notified in writing one (1) time if your application is deficient in any way. Therefore, you should allow thirty (30) days for processing of your application once that application has been filed with this office. If your file is complete by Wednesday it will be reviewed on Friday.

Please be reminded that it is unlawful to misrepresent any material fact, in any way, in connection with your application for Missouri licensure. Proof that an Athletic Trainer has misrepresented any material fact is grounds for denial of licensure.

Please be advised that Athletic Trainers practicing in the State of Missouri may only practice on athletes upon the direction of a team physician and/or consulting physician. Pursuant to Missouri statute, an athletic trainer practices prevention, emergency care, first aid, treatment, or physical rehabilitation of injuries incurred by athletes in the manner, means, and methods deemed necessary to effect care or rehabilitation or both. An "athlete" is defined in Missouri statutes as a person who participates in a sanctioned amateur or professional sport or recreational sport activity.

If you have any questions during the process which are not answered in the enclosed material, you may contact the Board of Healing Arts for assistance at (573) 751-0098, toll free at (866) 289-5753 or via e-mail at licensure@pr.mo.gov

Sincerely,

Licensure Section

DOCUMENTS AND FEES

YOU MUST FURNISH WITH YOUR APPLICATION

FOR ATHLETIC TRAINER LICENSURE

The following information is provided to assist applicants for licensure to practice as an Athletic Trainer in the State of Missouri.

LICENSURE BASED ON CERTIFICATION

1. Fee
2. Verification of Licensure, from any state in which you now hold or have ever held a license, registration, or certification in any profession.
3. Activities Statement

LICENSURE BASED ON RECIPROCITY

1. Fee
2. Verification of State License from any state in which you now hold or have ever held a license, registration, or certification in any profession
3. Activities

FEES – Please submit the fee in the form of a cashier’s check or money order. **ALL FEES ARE NONREFUNDABLE.**

Certification, Endorsement, or Reciprocity \$ 25.00

PHOTOGRAPH – A recent photograph must accompany application in the space provided. The Board will not accept copies of photographs, or magazine clippings.

LICENSURE VERIFICATION – All applicants must submit verification of licensure, registration, or certification from all states in which you hold or have held a license, registration, or certification in any profession.

AUTHORIZATION TO RELEASE MEDICAL RECORDS – If you answered in the affirmative to questions #25-28, it will be

necessary for you to complete and return the enclosed Authorization to Release Medical Records form.

SOCIAL SECURITY CARD – Furnish a copy of your Social Security Card. The Board will not accept faxed copies.

A citizen of a foreign country applying for licensure without a Social Security number may submit a copy of his or her visa or passport identification number in lieu of the Social Security number. However, you will be required to submit your Social Security number prior to renewal of your license.

NATA BOC CERTIFICATION – Please request a written or electronic verification of your NATA BOC certification to be sent to our office. It can be mailed or emailed to licensure@pr.mo.gov.

ACTIVITIES STATEMENT – Complete the enclosed form providing a chronological listing of all professional and nonprofessional activities from college graduation to the present date. All dates must be accounted for including all beginning and ending months and years. In Chronological Order, list the position held, complete names, addresses and zip codes of employers. *If unemployed or on vacation for more than one month, list your exact activities and locations.* **Note: Failure to account for all time periods will delay the processing of your application.**

Please be advised that **incomplete** applications on file in this office for **one (1) year will be discarded.**

**ATHLETIC TRAINER LICENSURE
INSTRUCTIONS FOR COMPLETING APPLICATION**

The following information is provided to assist applicants for licensure to practice as an Athletic Trainer in the State of Missouri.

QUESTION #1 - Name Change - If your name has changed from that which is shown on your birth certificate, you will be required to submit one of the following documents for verification:

Marriage - Furnish a copy, no larger than 8½" x 11", of your marriage certificate.

Divorce Decree - Furnish a copy, no larger than 8½" x 11", of your divorce decree.

Adoption - Furnish a copy, no larger than 8½" x 11", of your adoption order.

Court Order - Furnish a certified court copy of the name change document.

Naturalization - If you have had a name change by Naturalization, you will be required to hand deliver your original Naturalization Certificate to this office for inspection, since it is unlawful to copy that document.

Provide current e-mail address if available.

QUESTION #2 - Print your home address and telephone number including area code.

QUESTION #3 - Print your current place of employment, address and telephone number including area code.

QUESTION #4 - Print your date of birth (month, day and year).

QUESTION #5 - Print your Social Security number. Provide a copy of your Social Security card. State Law mandates the submission of Social Security numbers on all professional applications.

QUESTION #6 - Indicate your basis for application.

QUESTION #7 - List in chronological order the name and location of each and every educational institution you have attended, beginning with high school graduation. List the dates of attendance, graduation date and type of degree, certificate or diploma received.

QUESTION #8 - Indicate if you have successfully completed the NATA BOC exam.

QUESTION #9 - Indicate your National Athletic Trainers Association Board of Certification Number and date.

QUESTION #10 - Indicate if you are currently a member in good standing of the NATA.

QUESTION #11 - Indicate your NATA membership status.

QUESTION #12 - Indicate whether you hold or have ever held a license, registration, or certification to practice as an Athletic Trainer or any other profession in another state. If yes, specify the state, the license number, date issued and expiration date.

DOCUMENT: The enclosed "Verification of Licensure" form must be mailed to all state(s) where you hold or have held a license or registration in any profession. The state licensing agency must complete the form and return it directly to the Missouri Board. Make as many copies of the

form as necessary. It is recommended that you contact the other state licensing agency to determine if they charge a fee to verify your license, registration, or certification.

QUESTION #13 - Indicate the name and address of your proposed employer. Please also indicate date you began or will begin.

QUESTION #14 - If your answer is "yes", provide complete details on a separate notarized statement. The statement must specify the States, Provinces or Country, the dates and reason(s).

QUESTION #15 - If your answer is "yes", provide complete details on a separate notarized statement. The statement must specify the name and address of the association, society, hospital or agency, dates and reason(s) for action.

QUESTION #16 - If your answer is "yes", provide complete details on a separate notarized statement. The statement must specify the States, Provinces or Country, the dates and reason(s).

QUESTION #17 - If your answer is "yes", provide complete details on a separate notarized statement. The statement must specify the States, Provinces or Country, the dates and reason(s).

QUESTION #18 - If your answer is "yes", provide complete details on a separate notarized statement. This should include States, Provinces, or Country, dates and reason(s).

QUESTION #19 - If your answer is "yes", provide complete details, dates, etc., on a separate notarized statement. If you have ever been a defendant in any legal action, furnish a certified court copy (with the court seal affixed) of the original complaint(s), the answer(s), and the disposition(s) of the case(s). If the case(s) is still pending, your attorney must also submit a letter stating the current status of the case.

QUESTION #20 - If your answer is "yes", provide complete details of arrest, the dates, places and disposition of the case on a separate notarized statement. Furnish a certified court copy, (with court seal affixed) of the original charge, the judgement, the sentence, and/or the dismissal order, or other such documents which reflects the disposition of the matter.

This does not include any minor traffic or parking violation fines. We suggest that if you have ever had an arrest (no matter how minor), you answer the question "yes" on your application and furnish full details of the incident leading up to and including the arrest and disposition of the case.

QUESTION #21 - If your answer is "yes", provide complete details on a separate notarized statement. Furnish a certified court copy (with the court seal affixed) of the original complaint(s), the answer(s), and the disposition(s) of the case(s). If the case is still pending, please state. If your insurance company paid a claim without a formal case being filed, then include the dates, names of the patient(s) involved,

insurance claim number, insurance carrier, and the facts and circumstances surrounding the claim. It will be necessary for you to contact the insurance carrier handling the claim and authorize them to submit directly to the Board all information they have on file regarding the claim.

QUESTION #22 - If your answer is "yes", provide complete details, dates, etc., on a separate notarized statement. This should include the States, Provinces, or Country, dates and reasons.

QUESTION #23 - If your answer is "yes", provide complete details, dates, etc., on a separate notarized statement. This should include the States, Provinces, or Country, dates and reasons.

QUESTION #24 - If your answer is "yes", provide complete details, dates, etc., on a separate notarized statement. This should include the States, Provinces, or Country, dates and reasons.

QUESTION #25-28 - If your answer is "yes", provide full details

and dates, including the names and addresses of individuals who treated you and any hospitals/institutions where you have been treated on a separate notarized statement. The Board also requires a letter from your treating professional indicating your diagnosis, prognosis and if your illness or condition affects your ability to practice. The enclosed form titled "AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS" must be completed for each physician/ therapist/hospital or institution, authorizing them to release whatever information the Board may request.

QUESTION #29 - Provide a recent, unmounted identifiable photograph no larger than 3" x 5". This photo must be an original. The Board will not accept copies of photographs or magazine clippings. You must sign the oath before a Notary Public. The Notary Public must complete his/her portion and sign, date and seal your signature.

QUESTION #30 - Our office receives numerous calls from individuals inquiring on the status of a pending application. List who you wish to have access to this information. **PLEASE LIST ONLY ONE INDIVIDUAL.**

ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION WILL BE RETURNED.

Allow thirty (30) days for processing once you have filed the completed application and the required documents in this office. An answer shall be provided for each question. If the question does not apply write N/A-not applicable. If your file is complete on Wednesday it will be reviewed on Friday. Please do not telephone the office requesting the decision.

PLEASE BE ADVISED THAT YOU SHOULD NOT MAKE ANY FIRM COMMITMENT TO BEGIN PRACTICING UNTIL YOU HAVE RECEIVED NOTIFICATION OF LICENSURE IN WRITING FROM THIS OFFICE.



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
ATHLETIC TRAINER LICENSURE APPLICATION

BOARD OF REGISTRATION FOR THE HEALING ARTS
 3605 MISSOURI BLVD. - P.O. BOX 4
 JEFFERSON CITY, MO 65102
 TELEPHONE 573-751-0171
 TOLL FREE 866-289-5755

I HEREBY MAKE APPLICATION FOR LICENSURE AS AN ATHLETIC TRAINER IN THE STATE OF MISSOURI.

PLEASE BE ADVISED THAT YOU SHOULD NOT MAKE ANY FIRM COMMITMENT TO BEGIN PRACTICING UNTIL YOU HAVE RECEIVED NOTIFICATION OF LICENSURE IN WRITING FROM THIS OFFICE.

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

1. NAME (LAST, FIRST, MIDDLE, MAIDEN)	E-MAIL ADDRESS (IF AVAILABLE)
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2. HOME ADDRESS (PO BOX, STREET, CITY, STATE, ZIP CODE)	HOME TELEPHONE NUMBER
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3. PLACE OF EMPLOYMENT (PO BOX, STREET, CITY ZIP CODE)	WORK TELEPHONE NUMBER
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4. BIRTHDATE	5. SOCIAL SECURITY NUMBER
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6. BASIS FOR APPLICATION (CHECK ONE)

CERTIFICATION ENDORSEMENT RECIPROCITY

7. EDUCATION: (STATE IN CHRONOLOGICAL ORDER, BEGINNING WITH HIGH SCHOOL, THE NAME AND LOCATION OF EACH INSTITUTION ATTENDED, THE DATES ATTENDED AND THE YEAR OF GRADUATION, IF APPLICABLE.)

INSTITUTION	DATES ATTENDED	DIPLOMA/YEAR

8. HAVE YOU SUCCESSFULLY COMPLETED THE NATA BOC EXAM? <input type="checkbox"/> YES <input type="checkbox"/> NO	9. NATA BOC CERTIFICATION NUMBER	NATA BOC CERTIFICATION DATE
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10. CURRENTLY A MEMBER IN GOOD STANDING OF NATA?
 YES NO

11. NATA MEMBERSHIP STATUS

CERTIFIED AFFILIATE AFFILIATE INTERNATIONAL ASSOCIATE ADVISOR/ALLIED STUDENT

12. HAVE YOU EVER BEEN LICENSED, CERTIFIED OR REGISTERED TO PRACTICE ANY PROFESSION IN ANY STATE (INCLUDING ATHLETIC TRAINER)
 YES NO

IF YES, COMPLETE THE FOLLOWING:

STATE	LICENSE NUMBER AND TYPE	DATES HELD

13A. PROPOSED MISSOURI PRACTICE ADDRESS

13B. DATE EMPLOYMENT TO BEGIN/BEGAN

PLEASE BE ADVISED THAT YOU SHOULD NOT MAKE ANY FIRM COMMITMENT TO BEGIN PRACTICING UNTIL YOU HAVE RECEIVED NOTIFICATION OF LICENSURE IN WRITING FROM THIS OFFICE.

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THE APPROPRIATE CHECKMARK. IF ANY ARE ANSWERED YES, SEE SEPARATE INSTRUCTIONS.

	YES	NO
14. Have you, or any license or right to practice held by you, been restricted or disciplined, such disciplinary action to include, but not be limited to, revocation, suspension, probation, censure, or reprimand, whether voluntarily agreed to or not, by any U.S. state, territory, federal agency, Canadian province or foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you had any disciplinary or corrective action taken against you, or had your right to practice restricted, by any professional association or society, or by any licensed hospital or medical staff of a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you surrendered a license, registration or certificate issued to you by any U.S. state, Canadian provincial or international licensing agency for reasons other than failure to renew?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have any charges or complaints been filed against you with the federal government, any federal agency or any U.S. state or Canadian provincial licensing or disciplinary agency?	<input type="checkbox"/>	<input type="checkbox"/>
18. Has any disciplinary action been taken against you, or has your authority to practice been restricted, by any federal or state agency including, but not limited to, Medicare or Medicaid?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you forfeited collateral for breach or violation of any law, police regulation or ordinance whatsoever, been summoned into court as a defendant, or has any law suit (other than malpractice) been filed against you?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you been arrested, charged, indicted, found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any U.S. state or any Canadian province whether or not sentence was imposed, including suspended imposition of sentence or suspended execution of sentence?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such claim yourself?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you been denied a license, registration or certificate to practice as an athletic trainer or any other profession or been denied the privilege of taking an examination administered by a U.S. state, Canadian provincial or international licensing agency?	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever made application for licensure, registration or certification in another state, province or country and subsequently withdrawn said application?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you been denied a certificate or denied the privilege of taking the examination for certification by the national athletic trainers association?	<input type="checkbox"/>	<input type="checkbox"/>
25. Are you currently addicted to or dependent upon narcotics, intoxicating liquors, or other substances?	<input type="checkbox"/>	<input type="checkbox"/>
26. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism, or other sexual behavior disorder?	<input type="checkbox"/>	<input type="checkbox"/>
27. Have you in the last ten years or since the age of 18 been treated for or hospitalized for bipolar disorder, schizophrenia, paranoia or any other psychotic disorder?	<input type="checkbox"/>	<input type="checkbox"/>
28. Are you currently experiencing any medical condition or disorder that limits or impairs your judgment or that otherwise affects your ability to practice athletic training in a safe and competent manner?	<input type="checkbox"/>	<input type="checkbox"/>

ALL APPLICANTS MUST PLACE AN
ORIGINAL RECENT PHOTOGRAPH
 IN THE SPACE PROVIDED



29. APPLICANT'S OATH

State/Province of _____ County/Parish of _____

I, _____, hereby certify under oath that I am the person named in this application for licensure to practice as an Athletic Trainer in the State of Missouri. I have personally read, reviewed and answered each of the questions; all statements I have made are true; I am the original and lawful possessor of and the person named in the various documents and credentials furnished to the Board in connection with the application.

I acknowledge and state that I have read Chapter 334, RSMo, which contains the Statutes, Rules and Regulations governing Athletic Training, that can be located on the Board's website; I have answered all questions truthfully and in compliance with the instructions provided; and I understand that the application fee submitted with this application is non-refundable and cannot be transferred to another application.

I understand that Athletic Trainers practicing in the State of Missouri may only practice on athletes upon the direction of a team physician and/or consulting physician. Pursuant to Missouri statute, an Athletic Trainer practices prevention, emergency care, first aid, treatment, or physical rehabilitation of injuries incurred by athletes in the manner, means, and methods deemed necessary to effect care or rehabilitation or both. An "athlete" is defined in Missouri statutes as a person who participates in a sanctioned amateur or professional sport or recreational sport activity.

I further state that by filing this application for licensure to practice as an Athletic Trainer in the State of Missouri, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness for practice as an Athletic Trainer, when in the opinion of the Missouri Board such an investigation is deemed necessary. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its content and I further understand that the contents of the investigative report will be privileged unless determined otherwise by court order.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or international), court, association, institution or other organization having control of any documents, records and other information pertaining to me to furnish to the Missouri State Board of Healing Arts any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Missouri State Board of Healing Arts or any of its agents or representatives to inspect and make copies of such documents, records, and other information, in connection with this application subsequent licensure or practice hereunder.

I understand that I should not make any firm commitment to begin practicing in the State of Missouri until I have received notification of licensure in writing from the Missouri Board of Healing Arts.

MUST BE SIGNED IN PRESENCE OF NOTARY

APPLICANT'S SIGNATURE



STATE

COUNTY

The applicant identified him/herself with a government issued photographic identification and bearing true likeness to the above photograph subscribed and swore to the truthfulness of this application before me, this _____ day of _____, _____.

USE A RUBBER STAMP IN CLEAR AREA BELOW

NOTARY PUBLIC SIGNATURE

COMMISSION EXPIRES

NOTARY PUBLIC EMBOSSEER SEAL

NOTARY PUBLIC PRINTED NAME

30. APPLICATION INFORMATION RELEASE AUTHORIZATION

I hereby authorize the State Board of Registration for the Healing Arts, its Directors or designee to release and/or discuss information contained in my application for permanent licensure in the State of Missouri to the following individual.

NAME OF INDIVIDUAL



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

BOARD OF REGISTRATION FOR THE HEALING ARTS
P.O. BOX 4
JEFFERSON CITY, MO 65102
TELEPHONE (573) 751-0177
TOLL FREE (866) 439-3897

CERTIFICATION

During the period of time in which the Board is processing my application and determining whether to issue me a license, I will inform the Board of any change in information included in my application for licensure, including but not limited to malpractice suits, discipline imposed by another state, administrative agency, hospital or other entity, arrests, and criminal convictions. I understand that failure to disclose this information could result in discipline pursuant to section 334.100.2(11).

Applicant Signature

Applicant Printed Name

Date

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STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
CERTIFICATION TO NOT PRACTICE UNTIL LICENSED
(ALL APPLICANTS MUST COMPLETE THIS FORM)

BOARD OF REGISTRATION FOR THE HEALING ARTS
3605 MISSOURI BLVD. - P.O. BOX 4
JEFFERSON CITY, MO 65102
TELEPHONE 573-751-0171
TOLL FREE 866-289-5755

Please read carefully, sign, and return this document with your application.

I hereby certify to the Missouri State Board of Registration for the Healing Arts that I am not presently functioning and will not function as an athletic trainer or use any initials, titles or words which imply that I am licensed in Missouri to perform athletic training services until I am granted licensure by the Missouri State Board of Registration for the Healing Arts.

I further certify that if I accept employment in an athletic training setting in Missouri prior to licensure by the Missouri State Board of Healing Arts, I will perform only at the direction of a licensed athletic trainer and will only perform duties which may be legally performed by **“UNLICENSED PERSONNEL”**.

I understand that the Missouri State Board of Registration for the Healing Arts may refuse to grant licensure to me or suspend or revoke my license if I violate any provision of Chapter 334, RSMo.

APPLICANT'S SIGNATURE

DATE

PRINT NAME



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
VERIFICATION OF LICENSURE – ATHLETIC TRAINER

BOARD OF REGISTRATION FOR THE HEALING ARTS
 3605 MISSOURI BLVD. - P.O. BOX 4
 JEFFERSON CITY, MO 65102
 TELEPHONE 573-751-0171
 TOLL FREE 866-289-5755

I, _____ hereby authorize and request the State Board of _____ having control of any documents, records and other information pertaining to me to furnish to the Missouri Board information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent information.

SIGNATURE OF APPLICANT	LICENSE NUMBER	ISSUE DATE
NAME IN FULL (PLEASE PRINT)	DATE OF BIRTH	SOCIAL SECURITY NUMBER

OTHER NAMES USED IN OBTAINING LICENSURE

CURRENT ADDRESS (STREET, CITY, STATE, AND ZIP CODE)

THE FOLLOWING SECTION MUST BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MISSOURI BOARD OF HEALING ARTS.

STATE OF	FULL NAME OF LICENSEE		
LICENSURE STATUS	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE

LICENSURE METHOD
 STATE BOARD EXAM RECIPROCITY WITH _____ NATA CERTIFICATION
 OTHER (SPECIFY): _____

1. HAS THE APPLICANT EVER BEEN NOTIFIED OR REQUESTED TO APPEAR BEFORE ANY LICENSING OR DISCIPLINARY AUTHORITY IN YOUR STATE? **IF YES, ATTACH DETAILS.**
 YES NO

2. HAS THE APPLICANT EVER BEEN THE SUBJECT OF COMPLAINTS OR CHARGES RECEIVED BY A DISCIPLINARY AUTHORITY IN YOUR STATE? **IF YES, ATTACH DETAILS.**
 YES NO

3. HAS THE APPLICANT EVER BEEN WARNED, CENSURED OR DISCIPLINED IN ANY MANNER BY A LICENSING OR DISCIPLINARY AUTHORITY IN YOUR STATE? **IF YES, ATTACH DETAILS.**
 YES NO

4. HAS ANY APPLICATION BY THE ABOVE APPLICANT FOR INITIAL LICENSURE OR REINSTATEMENT EVER BEEN DENIED? **IF YES, ATTACH DETAILS.**
 YES NO

COMMENTS, IF ANY

BOARD SEAL	SIGNATURE AND TITLE	DATE
	STATE BOARD	



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

BOARD OF REGISTRATION FOR THE HEALING ARTS
 3605 MISSOURI BLVD. - P.O. BOX 4
 JEFFERSON CITY, MO 65102
 TELEPHONE 573-751-0171
 TOLL FREE 866-289-5755

I hereby authorize any physician, therapist, counselor, hospital, clinic, or any other health care provider, medical records custodian, or any person or corporation (including insurance companies) which have records relating to medical, psychiatric, counseling or evaluation received by me, to furnish the Missouri Board of Healing Arts, or its representative, oral or written statements or testimony in any hearing, any and all information with respect to any medical, psychiatric, counseling or evaluation and copies of all hospital, medical, psychiatric, counseling, and evaluation records.

A photocopy of this authorization shall be accepted the same as the original in all instances.

It will be necessary for you to complete and return this form to the Board office if you answered "yes", to questions 25-28 on the application.

PHYSICIAN/THERAPIST, HOSPITAL/INSTITUTION NAME

ADDRESS

APPLICANT'S NAME (PRINT OR TYPE)

TELEPHONE NUMBER(S)

APPLICANT'S SIGNATURE

DATE



ADDRESS (STREET, CITY, STATE & ZIP CODE)

IMPORTANT NOTICE

THIS AUTHORIZATION MUST BE NOTARIZED.

NOTARIZATION AND NOTARY INFORMATION

The applicant identified him/herself with a government issued photographic identification and subscribed and swore to the truthfulness of this application before me, this _____ day of _____, _____.

USE A RUBBER STAMP IN CLEAR AREA BELOW

NOTARY PUBLIC SIGNATURE

COMMISSION EXPIRES

NOTARY PUBLIC EMBOSSEER SEAL

NOTARY PUBLIC PRINTED NAME