

INSTRUCTIONS FOR ATHLETIC TRAINER APPLICATION

Attached are the materials you will need to make application for licensure to practice as an athletic trainer in the State of Missouri. It is suggested that you read this Instructions sheet before beginning the process.

YOUR APPLICATION PACKET CONSISTS OF:

- These Instructions;
- Application;
- Licensure Verification Form;
- Armed Forces of the United States Form.

Prior to completing the application, you should read the statutes and rules governing athletic trainers in the State of Missouri. These are located on our website at <https://pr.mo.gov/healingarts-rules-statutes.asp>.

GENERAL INFORMATION

In addition to the materials you are required to submit, the Board makes independent inquiries into your background. You should allow a minimum of 30 days for the review of your application once the Board has received all documents. When your application is received and processed, you will be notified via email of how to check the status of your application online. Additionally, the Board can request that you appear before them prior to issuing your license.

All athletic trainer licenses expire on January 30. Please remember this date so you can allow time for your renewal to be processed. Information on renewing your license will be mailed to you on or before December 1 of each year to the last known address on file. Failure to receive the renewal application does not relieve any person of the duty to register and pay the fee required for renewal nor exempt them from the penalties for failure to renew. Therefore, it is imperative that you notify the Board of any address change as soon as it occurs. If your license expires, you cannot practice in Missouri until your license is renewed.

FEE

The fee for a license is \$25. Please make checks payable to the Missouri Board of Healing Arts. All checks must be drawn on a United States bank because our bank does not accept checks from International banks. No application will be processed until the fee is received. The Board cannot accept credit or debit cards for payment of the initial application fee.

ARMED FORCES OF THE UNITED STATES

If you have ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable; or if you are the spouse of an active duty member of the Armed Forces of the United States, you may qualify for additional services. If applicable, please complete the form included in the application and return it with your application, along with verification of military status.

COMPLETING THE APPLICATION

- **SECTION A – Missouri Tax Compliance**
 - Check the box if in all of the last three 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.

For tax questions, please contact the Department of Revenue at (573) 751-7200 or email at income@dor.mo.gov.

NOTICE : All persons receiving a license from, or renewing a license with the Division of Professional Registration, are required to have paid all Missouri state income taxes, and also are required to have filed all necessary Missouri state income tax returns for the preceding three years. If you have failed to pay your Missouri taxes or have failed to file your Missouri tax returns, your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file.

- **SECTION B – Identifying Information**
 - List your complete name. This includes your last, first, middle, and maiden names. List your suffix, and other names used if applicable.
 - List your contact information. This includes your contact phone number, email address, and mailing address.
 - List your proposed Missouri practice address. This is the address in which you plan to practice in Missouri as an athletic trainer. If you do not have a proposed practice address in Missouri, please list N/A.
 - List your date of birth, place of birth, social security number, and gender.
- **SECTION C – BOC Certification Information.**
 - Check a box indicating whether or not you have current BOC Certification. Include your BOC Certification number, certification date, and expiration date.
- **SECTION D – Names of Individuals with Whom the Board is Authorized to Discuss Your File**
 - The Board cannot release information about your application (including status) or discuss your application without your permission. If you wish us to discuss your application with anyone, please list that person in this section of the application.

- You may list up to two individuals. List their name(s), email address(es), and telephone number(s).
- List the approximate date that a Missouri license is needed.
- **SECTION E – Education Information**
 - List the name of each school, city and state, dates of attendance, degree awarded and dates degree was awarded from all colleges attended.
- **SECTION F – Athletic Trainer Licensure History**
 - List all of the states and territories in which you currently hold or have ever held a license to practice athletic training. *You will need to request a licensure verification for each state listed.*
- **SECTION G – Activities**
 - Please provide all professional and non-professional activities since college graduation to the present date in **CHRONOLOGICAL ORDER**.
 - All dates must be accounted for in the MM/YYYY format.
 - Please include complete names and addresses for each activity listed.
 - If unemployed or on vacation for at least a month, list your exact activities.
 - *Note: if there are dates not accounted for, you will be contacted by the Board to account for those dates.*
- **SECTION H – Personal History**
 - Answer the questions with the appropriate checkmark.
 - If any questions are answered yes, please follow the instructions below:
 - **Questions 1-9** - Include a separate statement/letter explaining the circumstances behind your “yes” answer. Documentation supporting your statement, if applicable (i.e. a settlement agreement from another state disciplining your license, etc.) needs to be submitted directly from the state board, hospital, etc.
 - **Question 10** - Include a separate statement/letter explaining the circumstances behind your “yes” answer and also submit a certified copy of the court records or have your attorney send the documents to the Board. The Board needs to receive the complaint/petition and judgment, settlement, or disposition.
 - **Question 11** - Include a separate statement/letter explaining the circumstances behind your “yes” answer along with a copy of the charge (it may be called a petition, indictment, information, or complaint), and the judgment, sentence, or dismissal order, certified by the court or from your attorney.
 - **Question 12** - Include a separate statement/letter explaining the circumstances behind your “yes” answer and documentation supporting that statement.
 - **Question 13** – Please provide details and dates, including the names and addresses of the individuals and facilities which have treated you. Also please submit a letter from your current physician or treatment professional indicating your diagnosis, prognosis, and if your illness or condition affects your ability to practice.
 - **Question 14** – Please contact the Board office for a Malpractice Claim Information Form to be completed. Additional documentation may be required after review of the information provided. Please also list the number of claims in which you have been named in the space provided.
- **SECTIONS I & J – Applicant’s Oath and Notarization**
 - Sign the application in the presence of a notary.
 - Attach a recent photograph of yourself.

MAILING THE APPLICATION

Mail the application and fee to: Missouri Board of Registration for the Healing Arts
P.O. Box 4, Jefferson City, MO 65102

For overnight deliveries use: Missouri Board of Registration for the Healing Arts
3605 Missouri Blvd., Jefferson City, MO 65109

Applications cannot be accepted by email or fax.

DOCUMENTS THAT NEED TO BE SUBMITTED

Name Change – If you have had a name change for any reason, submit copies of the document evidencing the name change (Marriage Certificate, Divorce Decree, Adoption Order, Court Order, or Naturalization Certificate).

Licensure Verification – If you have ever been licensed, registered or certified as an athletic trainer in another state, country or territory, please have the licensing agency submit a verification of each to our office. The verification must be submitted directly from the licensing agency to our office. Some licensing agencies use a secure online verification portal however it is your responsibility to contact the licensing agency and advise them you are applying for a Missouri license. The Board accepts verifications from VeriDoc.

BOC Certification Verification– Please request for an official verification of your BOC certification to be sent directly to our office. The website to order the verification is <https://at.bocatc.org/atcs>

Photograph – A photograph no larger than 3 ½” x 5” must be attached to the application in the space provided. Please do not staple or paperclip.

HOW TO CHECK THE STATUS OF YOUR APPLICATION

Once your application is received and processed, you will be notified via email of how to check the status of your application online.

If you have questions after reading these instructions, you may call the Board office at 573-751-0098 or toll free at 866-289-5753 or email the Board at licensure@pr.mo.gov.



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

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
 P.O. BOX 4
 JEFFERSON CITY, MO 65102
 FOR OVERNIGHT DELIVERIES
 3605 MISSOURI BLVD.
 JEFFERSON CITY, MO 65109
 TELEPHONE (573) 751-0098
 TOLL FREE (866) 289-5753
 FAX (573) 751-3166

INSTRUCTIONS

Complete each section by providing complete details in black ink or by typed responses. Failure to answer all questions could result in delayed processing of your application. If additional responses are necessary, submit in a separate statement.

A. MISSOURI TAX COMPLIANCE

- Check this box if in all of the last three 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.

Pursuant to Section 324.010 RSMo, all persons applying for and renewing a license with the Division of Professional Registration are required to have paid all Missouri state taxes and are also required to have filed Missouri state income tax returns for the last three years. If such licensee is delinquent on any Missouri state taxes or has failed to file Missouri state income tax returns in the last three years, your license will be subject to suspension within 90 days after being notified by the Missouri Department of Revenue of such delinquency or failure to file.

False statements are subject to criminal penalties and/or license discipline. For tax questions, please contact the Department of Revenue at (573) 751-7200 or email at income@dor.mo.gov.

B. IDENTIFYING INFORMATION

Print your full name, mailing address, and personal information.

| | | | | | | | |
|------------------------------------|--|----------------|----------------------|-------------|---------------|--------|-----|
| LAST NAME | | FIRST NAME | | MIDDLE NAME | MAIDEN NAME | SUFFIX | |
| OTHER NAMES USED | | | CONTACT PHONE NUMBER | | EMAIL ADDRESS | | |
| STREET ADDRESS | | | | CITY | | STATE | ZIP |
| PROPOSED MISSOURI PRACTICE ADDRESS | | | | CITY | | STATE | ZIP |
| DATE OF BIRTH | | PLACE OF BIRTH | | SSN | | GENDER | |

C. BOC CERTIFICATION INFORMATION

| | | | |
|--|--------------------------|------------------------|---------------------|
| DO YOU HAVE CURRENT BOC CERTIFICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO | BOC CERTIFICATION NUMBER | BOC CERTIFICATION DATE | BOC EXPIRATION DATE |
|--|--------------------------|------------------------|---------------------|

D. NAMES OF INDIVIDUALS WITH WHOM THE BOARD IS AUTHORIZED TO DISCUSS YOUR FILE

| | | |
|-----------------|------------------|-----------------------------|
| CONTACT #1 NAME | CONTACT #1 EMAIL | CONTACT #1 TELEPHONE NUMBER |
| CONTACT #2 NAME | CONTACT #2 EMAIL | CONTACT #2 TELEPHONE NUMBER |

Approximate date that a Missouri license is needed: _____. The board will process your application as quickly as possible but be advised that your application, fee and supporting documentation needs to be received and approved prior to issuing a Missouri license. **Issuance of a Missouri license is required prior to practicing in the State of Missouri.** Sometimes applications require additional review by Board members and this can delay the decision on whether or not a Missouri License is issued.

E. EDUCATION INFORMATION

List the name of each school, city and state, dates of attendance, degree awarded and dates degree was awarded from all colleges attended.

| FROM | | TO | | NAME AND LOCATION OF SCHOOL | DEGREE AWARDED | DATE AWARDED |
|-------|------|-------|------|-----------------------------|----------------|--------------|
| MONTH | YEAR | MONTH | YEAR | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

H. PERSONAL HISTORY

Answer the following questions with the appropriate checkmark. **If any are answered yes, see the Instruction Sheet for specific information and documentation needed for review.**

1. 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? Yes No
2. Have you made application for licensure, registration or certification in another state, province or country and subsequently withdrawn said application? Yes No
3. Has any license or right to practice held by you been disciplined, including but not limited to restriction, 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? Yes No
4. 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? Yes No
5. Have you ever been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during college? Yes No
6. Have you surrendered a license issued to you by any U.S. state or any Canadian provincial licensing agency for any reason, other than failure to renew, retirement or relocating to another state? Yes No
7. 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? Yes No
8. Have you been denied a certificate or been denied the privilege of membership by a licensing or certification agency, or professional association? Yes No
9. 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? Yes No
10. 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 lawsuit (other than malpractice) been filed against you? Yes No
11. Have you been arrested, charged, indicted, found guilty, or entered a plea of guilty, an alford, no contest plea or plea of nolo contendere, in a criminal prosecution in any state, federal, or municipal court whether or not sentence was imposed, including suspended imposition of sentence or suspended execution of sentence, except for minor traffic violations? Alcohol related traffic violations must be reported. Yes No
12. Have you been required by federal law or the law of any state to register as a sex offender? Yes No
13. Do you currently have any condition or impairment which in any way affects your ability to practice in a professional, competent and safe manner, including but not limited to: (1) a mental, emotional, nervous or sexual disorder, (2) an alcohol or substance abuse disorder or (3) a physical disease or condition? Yes No
14. 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 a claim yourself? Yes No

14a. If your answer is yes, please indicate how many claims in which you have been named. _____

I. APPLICANT'S OATH

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 address updates, 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) and/or (15).

I hereby certify under oath that I am the person named in this application for a license to practice as an athletic trainer in the State of Missouri; that all statements I have made herein are true and that I have personally read, reviewed and answered each of these questions; that all documents submitted with this application or as part of the application process that are original, or duplicated copies of the originals, have not been altered in any fashion whatsoever; that I am the original and lawful possessor of and person named in the various documents and credentials furnished to the Board in connection with this application. I acknowledge and state that I have read Chapter 334 (statutes and rules), RSMo, which contains the Statutes, Rules and Regulations governing the practice as an athletic trainer, 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 hereby authorize the Missouri State Board of Healing Arts, its Director or designee, to release and/or discuss information contained in my application for licensure in the State of Missouri to the individuals indicated on the application.

I further state that by filing this application for a license to practice 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 the 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 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.

I further certify that I understand that I cannot practice my profession in the State of Missouri unless and until a license has been granted by the Missouri Board of Healing Arts.

MUST BE SIGNED IN PRESENCE OF NOTARY

APPLICANT'S SIGNATURE



J. NOTARIZATION

| | |
|-------|--------|
| STATE | COUNTY |
|-------|--------|

| | | |
|--|--------------------|------------------------------|
| The applicant identified him/herself with a government issued photographic identification and bearing true likeness to the attached photograph subscribed and swore to the truthfulness of this application before me, this _____ day of _____, _____. | | NOTARY PUBLIC RUBBER STAMP |
| NOTARY PUBLIC SIGNATURE | COMMISSION EXPIRES | NOTARY PUBLIC EMBOSSEER SEAL |
| NOTARY PUBLIC PRINTED NAME | | |

| | |
|---|---------------------|
| <p>PLEASE GLUE OR TAPE YOUR PHOTO TO THE APPLICATION.</p> <p>DO NOT STAPLE OR PAPER CLIP PHOTO.</p> | <p>PHOTO</p> |
|---|---------------------|



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

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
 P.O. BOX 4, JEFFERSON CITY, MO 65102
 FOR OVERNIGHT DELIVERIES
 3605 MISSOURI BLVD., JEFFERSON CITY, MO 65109
 TELEPHONE (573) 751-0098
 TOLL FREE (866) 289-5753
 FAX (573) 751-3166

AUTHORIZATION AND REQUEST PLEASE TYPE OR PRINT FORM IN **BLACK INK.**

| | | | |
|---------------------|------------|-------------|--------|
| APPLICANT LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|---------------------|------------|-------------|--------|

| | |
|-----------------|---|
| TYPE OF LICENSE | STATE, TERRITORY OR INTERNATIONAL COUNTRY OF: |
|-----------------|---|

I, the above named applicant, hereby authorize and request the state board named above having control of any documents, records and other information pertaining to me, to furnish to the Missouri State Board of Healing Arts 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 | DATE |
|------------------------|----------------|------|

VERIFICATION - TO BE COMPLETED BY STATE LICENSING BOARD OFFICIALS

| | | | |
|----------------|------------|-----------------|----------------|
| LICENSE NUMBER | ISSUE DATE | EXPIRATION DATE | LICENSE METHOD |
|----------------|------------|-----------------|----------------|

Has disciplinary action been taken against the license? Yes No
 If yes, please provide complete details and send copies of all pertinent documentation.
 ▶ _____

Have any complaints or charges been filed, formal or informal, pending or closed? Yes No
 If yes, please provide complete details and send copies of all pertinent documentation.
 ▶ _____

| | |
|------------|---------------------------|
| STATE SEAL | STATE BOARD |
| | DATE |
| | STATE BOARD ADMINISTRATOR |



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
3605 MISSOURI BLVD., P.O. BOX 4
JEFFERSON CITY, MO 65102
TELEPHONE: (573) 751-0098
TOLL FREE: (866) 289-5753
FAX: (573) 751-3166
EMAIL: Licensure@pr.mo.gov

ARMED FORCES OF THE UNITED STATES

- (1) Are you currently an active duty member of the Armed Forces of the United States or a veteran from such service who received an honorable discharge? ___ Yes ___ No
- (2) If answering question (1) in the affirmative, would you like to receive information and assistance regarding veterans benefits and services? ___ Yes ___ No
- (3) If answering question (2) in the affirmative, may the agency share your contact information with the Missouri Veterans Commission in order to provide you with information regarding available veterans benefits and services? ___ Yes ___ No
- (4) Are you the spouse of an active duty member or an honorably discharged veteran of the Armed Forces of the United States? ___ Yes ___ No

General information may also be found on the Missouri Veterans Commission's website.

If you answered questions (1) or (2) in the affirmative, please see the information below regarding the agency's veteran services and return this form with verification of military status.

- Upon proof and approval, you may qualify for:
 - Expedited Application Processing pursuant to section(s) 324.006 and 324.007, RSMo.
 - Military Education, Training and Service Toward Licensure Qualification pursuant to section 324.007, RSMo.
 - Licensure Reciprocity pursuant to section 324.009, RSMo.
 - Fee Waiver Request pursuant to section 324.015, RSMo.

Veterans taking professional state licensing or certification examinations required by the Department of Commerce & Insurance (DCI) can be reimbursed for the cost of the exam. Visit the Missouri Department of Elementary and Secondary Education's [Veterans Education website](#) to learn more about how the GI Bill can pay the cost of a license or certification test.

Name (Please Print)

Email Address

Address

City, State

Zip Code

Examples of acceptable documents can be found <https://help.id.me/hc/en-us/articles/202211570-Documents-to-verify-military-status>