



Remit payment and application to:

# **Nevada State Board of Athletic Trainers**

P.O. Box 34296

Reno, NV 89533-4296

775-787-2636

atrainner@nsbat.nv.gov

## **Application for Admission to Practice Athletic Training in the State of Nevada – Fee \$300**

<b>PERSONAL INFORMATION</b>	
Name: _____	Social Security Number: _____
Address: _____	Date of Birth: _____
City: _____ State: _____ Zip: _____	Place of Birth: _____
Telephone: _____	Other Name(s) used: _____
Email: _____	

Are you a citizen of the U.S.  Yes  No *If not you must provide proof that you are lawfully entitled to remain and work in the U.S.*

Previous names used, if applicable: \_\_\_\_\_

Please indicate how you would like your name to appear on your license: \_\_\_\_\_

<b>UNIVERSITY / COLLEGE ATTENDED</b>	
School Name: _____	Dates Attended: _____
Address: _____ City: _____ State: _____ Zip: _____	
Degree Conferred: _____	Date Graduated: _____
School Name: _____	Dates Attended: _____
Address: _____ City: _____ State: _____ Zip: _____	
Degree Conferred: _____	Date Graduated: _____
School Name: _____	Dates Attended: _____
Address: _____ City: _____ State: _____ Zip: _____	
Degree Conferred: _____	Date Graduated: _____
<b>Which University/College did you receive athletic training education that allowed you to sit for the BOC exam?</b>	
_____	

**YOU MUST SUBMIT AN OFFICIAL COPY OF YOUR DIPLOMA OR TRANSCRIPTS FROM THE SCHOOL YOU GRADUATED FROM, SHOWING YOUR DEGREE CONFERRED**

List of State(s) you are licensed in or have been licensed in as an Athletic Trainer:

State	License Number	Date Issued
_____	_____	_____
_____	_____	_____

State	License Number	Date Issued
_____	_____	_____

BOC Certification # \_\_\_\_\_

<b>CURRENT EMPLOYER</b>	
Employer Name: _____	Starting Date: _____
Address: _____ City: _____ State: _____ Zip: _____	

<b>EMPLOYMENT HISTORY FOR THE LAST 5 YEARS</b>			
Employer Name: _____	Address: _____	Employer Name: _____	Address: _____
City: _____ State: _____ Zip: _____		City: _____ State: _____ Zip: _____	
Employer Name: _____	Address: _____	Employer Name: _____	Address: _____
City: _____ State: _____ Zip: _____		City: _____ State: _____ Zip: _____	

1. Have you previously filed an application with the Nevada State Board of Athletic Trainers?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, when? \_\_\_\_\_
2. Have you ever been charged, arrested or convicted of a felony or gross misdemeanor? ..... Yes: \_\_\_\_\_ No: \_\_\_\_\_
3. Have you ever had a civil judgment rendered against you? ..... Yes: \_\_\_\_\_ No: \_\_\_\_\_
4. Have you ever been subject to any form of disciplinary action, including a surrender, in connection with the practice of athletic training or any other profession that requires a license or certification? ..... Yes: \_\_\_\_\_ No: \_\_\_\_\_
5. Do you have a medical condition which in any way impairs or limits your ability to practice with reasonable skill and safety? ..... Yes: \_\_\_\_\_ No: \_\_\_\_\_
6. Are you taking any chemical substance(s) which in any way impair or limit your ability to practice with reasonable skill and safety? ..... Yes: \_\_\_\_\_ No: \_\_\_\_\_  
*If yes, please answer the following questions.*
7. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring or treatment program? ..... Yes: \_\_\_\_\_ No: \_\_\_\_\_
8. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? ..... Yes: \_\_\_\_\_ No: \_\_\_\_\_

*\*If your answer is yes to any of the above questions, please attach a signed statement of explanation. Copies of any documents that identify the circumstances or contain an order, agreement, or other disposition may be required.*

**Have you ever served in the military? [ ] Yes [ ] No**

**List Branch(es) of Service:** \_\_\_\_\_

**Dates of service: From** \_\_\_\_/\_\_\_\_/\_\_\_\_ **to** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Military Occupation Specialties?**

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**\*\*Please include a passport sized photo of yourself. It must have been taken within 60 days preceding the date of this application.**

**\*\*Failure to provide any of the requested information or falsifying information will result in the application being rejected and/or denied by the Board.**

**WAIVER FORM**

I hereby authorize the Nevada State Board of Athletic Trainers, its agents, servants, and employees, to conduct such investigations of my business, professional, social and moral background, qualifications and reputation as it or its members or any of them deem necessary, proper or desirable.

This authorization is given in connection with my application for a license to practice as an Athletic Trainer in the State of Nevada and to enable the said Nevada State Board of Athletic Trainers to give intelligent and proper consideration to such application.

No liability of any sort or kind shall attach to the said Nevada State Board of Athletic Trainers, its members, agents, servants, employees or anyone furnishing them information about me or my past activities, because or by reason of the use of this authorization.

I \_\_\_\_\_, being first duly sworn, depose and state that I am the person referred to by said name of \_\_\_\_\_, in the above and annexed questions, answers, and statements. I have read all of said questions, answers and statements, and know the contents thereof. I hereby certify under penalty of perjury that the information furnished in this document is true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

State of \_\_\_\_\_, County of \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, A.D., \_\_\_\_\_ personally appeared before me, a Notary Public in and for the County of \_\_\_\_\_, known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my official seat at my office in the County of \_\_\_\_\_, the day and year in this Certificate first above written.

\_\_\_\_\_ SEAL

# **CHILD SUPPORT INFORMATION**

Professional or occupational licenses, certificates, or permits may be denied or restricted if back child support is owed by the person holding the license. Any license by the Nevada State Board of Athletic Trainers is subject to this requirement mandated by the federal government of all states including Nevada.

**Please mark the appropriate response**

(failure to mark one of the three will result in denial of the application)

- \_\_\_\_\_ I am not subject to a court order for the support of a child.
  
- \_\_\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
  
- \_\_\_\_\_ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

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Signature

Date