



Remit payment and application to:

## **Nevada State Board of Athletic Trainers**

P.O. Box 34296

Reno, NV 89533-4296

775-787-2636

<http://nevadaathletictrainers.nv.gov>

email: [atrainner@nsbat.nv.gov](mailto:atrainner@nsbat.nv.gov)

### **License Restoration Application – Fee \$300.00**

*Please print or type answers to all questions and sign the restoration form.*

*Your signature is an acknowledgment that all the information and statements you supplied herein are true and correct.*

*Your application will not be processed unless all requested information is provided.*

<b>YOUR NAME AND HOME ADDRESS</b>	<b>YOUR WORK ADDRESS INFORMATION</b>
Name: _____	Facility Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

\*Please note which address you wish to use as your mailing address: \_\_\_\_\_ Home \_\_\_\_\_ Work

\_\_\_\_\_  
NSBAT License Number

\_\_\_\_\_  
Board of Certification Number

*Please answer all of the following questions:*

1. Since your last application or renewal, have you been charged, arrested or convicted of a felony or gross misdemeanor? ☐ Yes ☐ No
2. Since your last application or renewal have you had a professional license placed on probationary status, restricted, suspended or revoked? ☐ Yes ☐ No
3. Since your last application or renewal have you been found guilty, pleaded guilty, or entered a plea of nolo contendere to any administrative or legal offense in connection with the practice of athletic training? ☐ Yes ☐ No
4. Since your last application or renewal have you received a fine, administrative ticket, citation, demerit, reprimand or any adverse or punitive action from any regulatory agency? ☐ Yes ☐ No
5. Since your last application or renewal have you surrendered a professional license? ☐ Yes ☐ No
6. Do you have a medical condition which in any way impairs or limits your ability to practice with reasonable skill and safety? ☐ Yes ☐ No
7. Do you take a chemical substance(s) which in any way impairs or limits your ability to practice with reasonable skill and safety? ☐ Yes ☐ No

*If yes to #6 or #7, please answer the next questions:*

8. 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 program? ☐ Yes ☐ No
9. 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.*

**CHILD SUPPORT INFORMATION (NRS 633.326)** \*Please select one option below

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.

**NOTICE OF MANDATORY REPORTER (NRS 432B.220)** \*Acknowledgement required

☐ I acknowledge I have been informed of my duty as a mandatory reporter of abuse or neglect of a child pursuant to NRS432B.

**NEVADA BUSINESS LICENSE INFORMATION (Required by SB21)** \*Please select one option below

☐ I **do NOT** have a Nevada business license number.

☐ I **have** a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.

My Nevada business license number is: \_\_\_\_\_

The name of the business is: \_\_\_\_\_

My TIN number is: \_\_\_\_\_

☐ I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.

\*\*The Nevada State Board of Athletic Trainers is not the arbiter of determining whether a business license is needed. Information about the Nevada business license can be found on the Secretary of State's website at <http://nvsos.gov/>

**INTERAGENCY COUNCIL ON VETERANS AFFAIRS DATA GATHERING (Required by SB 137)**

Have you ever served in the military? ☐ Yes ☐ No \*If yes, please answer the next questions

List Branch(es): \_\_\_\_\_

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

Military Occupation Specialties? \_\_\_\_\_

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? ☐ Yes ☐ No
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? ☐ Yes ☐ No
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? ☐ Yes ☐ No

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**