



Checklist for Completing the Application Process for Licensure

- ☐ **Background Check:** It can take 6-8 weeks to process a fingerprint background check, so please **do this step first**. Refer to the Instructions for Completion of Fingerprint Cards (pages 2-4) and complete the **Fingerprint Request Form** and the **Fingerprint Background Waiver**. The Board is required to keep these forms with your original signatures on file. **The Board cannot issue your license until the fingerprint results are received from the Department of Public Safety.**
- ☐ **Application:** Complete the official **Application** to practice Athletic Training in Nevada at the end of this document. Be sure to sign and date in both places on page 3. If you need additional space to write information, please use a separate sheet of white paper and staple it to the application. When printing double-sided, be sure that the page numbers are correct. If not, please submit single-sided. The Board no longer requires that the application be notarized. Instead, you will be signing an unsworn declaration under the penalty of perjury that the information you provided in the application is true and correct. **Incomplete applications may cause further delays.**
- ☐ **BOC card:** Print a copy of your **Board of Certification (BOC) card**. (This is not your NATA card.) Be sure to **sign your card** and include the entire sheet of paper with your application. There is no need to cut out the card. You may also have an electronic verification sent to us from the BOC.
- ☐ **Photo:** Include a **passport photo (sized 2"x2")** of yourself taken within 60 days preceding the date of this application. Paperclip the photo to your application and **print your name on the back** of your photo in case it gets separated from your application. If you would like to take your own photo, please visit the [Department of State's website](#) for more details regarding passport photo requirements and an online [photo tool](#) for cropping your picture.
- ☐ **Fees:** Submit the **application fee of \$200.00** in the form of a **Cashier's Check** or **Money Order** made payable to the *Nevada State Board of Athletic Trainers*. Incomplete forms of payment may also cause further delays. To pay by **credit card**, please email the Board office with "Credit card invoice" in the subject line to request an invoice that can be paid securely online.

MAIL ALL DOCUMENTS TO:

Nevada State Board of Athletic Trainers
6170 Mae Anne Avenue, Suite 1
Reno, NV 89523-4705

To receive a tracking number, be sure to mail your documents via Certified or Priority Mail.

You are welcome to check the status of your application by email: atrainer@nsbat.nv.gov.

Fingerprint Background Check

You may submit your fingerprints ahead of your application for licensure. However, you **MUST** mail in both the FINGERPRINT BACKGROUND WAIVER FORM and the FINGERPRINT REQUEST FORM. **If both completed and signed forms are not received, your application will be delayed!**

OPTION #1: Live Scan – Electronically Submitted Prints for FASTEST results!

1. **You must be physically present in Nevada to electronically submit your fingerprints. Electronic submission is NOT available at any law enforcement agency.**
2. A list of privately owned fingerprint agencies that are currently submitting electronically to the Nevada Department of Public Safety (DPS) is available on the NSBAT website. Or you can visit the DPS's website: <http://rccd.nv.gov/FeesForms/Fingerprints>
FINGERPRINT INFORMATION & FORMS/Fingerprint Information/Private Fingerprint Sites
3. Complete **ALL** highlighted and requested information on the **FINGERPRINT REQUEST FORM**. When you present for electronic fingerprints, give the fingerprinting site representative the completed **FINGERPRINT REQUEST FORM** and indicate that you are applying for licensure. Provide them the following information:

Reason Fingerprinted:	Miscellaneous No. MNU:	ORI:
NRS640B.310	881086	NV0131700
		ST HWYPAT
		CARSON CITY, NV

4. The Private Fingerprinting Site will collect the fingerprinting fee of **\$39.00** as of January 1, 2025 for the Department of Public Safety **in addition to their administrative processing fee.**
5. Complete the **FINGERPRINT BACKGROUND WAIVER FORM**. Fill in the Applicant section where indicated on the second page. The form is fillable so you can type your last name, first name, and middle name (if applicable). Print the form. Initial and date the first page. Sign and date the second page. **The waiver form must be dated the same day you are fingerprinted.**
6. **THE FOLLOWING DOCUMENTS MUST NOW BE SENT TO:**
Nevada State Board of Athletic Trainers
6170 Mae Anne Avenue, Suite 1
Reno, Nevada 89523-4705

- ☐ Completed and signed **FINGERPRINT BACKGROUND WAIVER FORM** dated on the same date you were fingerprinted.
- ☐ Completed **FINGERPRINT REQUEST FORM** signed by you and the official that took your fingerprints. It must be dated on the same date you were fingerprinted.

The waiver form and fingerprint request form DO NOT go the private fingerprinting site!

To receive a tracking number, be sure to mail your documents via Certified or Priority Mail.

OPTION #2: Manual Hard Copy Card Submitted Prints for Out of State Applicants

1. All applicants must submit **TWO (2)** fingerprint cards (standard FD-258 hard card) either provided by NSBAT or acquired from any law enforcement agency. The cards must have **ALL** information typed or printed in black ink. The FBI will **not** accept cards with Wite-Out correction fluid. If you use cards from another law enforcement agency, the hard cards must be white with blue lines and **include the following information on BOTH fingerprint cards:**

Reason Fingerprinted: NRS640B.310	Miscellaneous No. MNU: 881086	ORI: NV0131700 ST HWYPAT CARSON CITY, NV
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2. Complete **ALL** highlighted and requested information blocks on the **FINGERPRINT REQUEST FORM** and on both cards. Cards without all information blocks completed are considered incomplete and will be returned to the applicant. The descriptive information must be complete and legible in **black ink**, especially the social security number and date of birth. **Please see example card in this document.*
3. Any law enforcement agency (Highway Patrol, Police, Sheriff) can place your fingerprints on the cards and complete the remaining required information. Please take the completed **FINGERPRINT REQUEST FORM** with you when you get fingerprinted. Fingerprinting may also be done by a medical facility that has the appropriate equipment and staff trained/certified by the State of Nevada Records and Identification Services. **You do not have to be fingerprinted in Nevada. Make CERTAIN of the following:**
 - ⇒ Both fingerprint cards are completed with legible fingerprints
 - ⇒ Descriptive information is complete and legible in black ink. No Wite-Out.
 - ⇒ Both cards and FINGERPRINT REQUEST FORM are signed by you and the official.
4. Complete the **FINGERPRINT BACKGROUND WAIVER FORM**. Fill in the Applicant section. The form is fillable so you can type your last name, first name, and middle name (if applicable). Print the form. Initial and date the first page. Sign and date the second page. Date the form the same day you are fingerprinted. **Do not provide this form to the fingerprinting official.** This waiver form will be sent to the Department of Public Safety along with the fingerprint cards and payment.
5. Obtain a Money Order or Cashier's Check in the amount of **\$39.00** made payable to the **Department of Public Safety**. **Personal checks cannot be accepted.** The current breakdown of the fees is available under Additional Information on the BOARD FORMS page.
6. **THE FOLLOWING DOCUMENTS MUST NOW BE SENT TO:**
Nevada State Board of Athletic Trainers
6170 Mae Anne Avenue, Suite 1
Reno, Nevada 89523-4705
 - ☐ TWO (2) completed fingerprint cards and the FINGERPRINT REQUEST FORM signed by you and the official that took your fingerprints.
 - ☐ Completed BACKGROUND WAIVER FORM signed on the date you were fingerprinted.
 - ☐ Money Order or Cashier's Check in the amount of **\$39.00** made payable to the **Department of Public Safety**.

To receive a tracking number, be sure to mail your documents via Certified or Priority Mail. The Board will forward the necessary documents and payment to the Department of Public Safety for processing.

SAMPLE BELOW FOR REFERENCE ONLY

Below is a sample standard FD-258 hard card. **All information blocks that are highlighted are required.**
The Department of Public Safety will not accept fingerprints on plain paper.

*Be sure to sign the cards.

****Aliases (other legal names) may or may not need to be filled in.**

***If you have a Nevada employer, enter information here.
If not, leave blank.

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK			LEAVE BLANK	
				LAST NAME	FIRST NAME	MIDDLE NAME		
SIGNATURE OF PERSON FINGERPRINTED		ALIASES AKA		<div>OR</div> <div>II</div> <div>NV0131700</div> <div>ST HWY PAT</div> <div>CARSON CITY, NV</div>			DATE OF BIRTH DOB	
*		**					Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP CITZ		SEX	RACE	HAIR	WEIGHT	EYES
		YOUR NO. OCA		PLACE OF BIRTH POB				
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		LEAVE BLANK				
EMPLOYER AND ADDRESS		FBI NO. FBI		CLASS				
***		ARMED FORCES NO. MNU		REF				
REASON FINGERPRINTED		SOCIAL SECURITY NO. SOC						
NRS 640B.310		MISCELLANEOUS NO. MNU						
		881086						
1. R THUMB		2. R INDEX		3. R MIDDLE		4. R RING		5. R LITTLE
6. L THUMB		7. L INDEX		8. L MIDDLE		9. L RING		10. L LITTLE
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L THUMB		R THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY		

You may submit your fingerprints ahead of your application for licensure. However, you **MUST** mail in both the **FINGERPRINT BACKGROUND WAIVER FORM** and the **FINGERPRINT REQUEST FORM**. Your application will be delayed if both completed and signed forms are not received.

SINCE IT MAY TAKE SEVERAL WEEKS TO PROCESS YOUR FINGERPRINTS, IT IS RECOMMENDED YOU FINGERPRINT FIRST THING IN THE APPLICATION PROCESS.



6170 Mae Anne Avenue, Suite 1, Reno, NV 89523-4705 • (775) 787-2636 • atrainer@nsbat.nv.gov

FINGERPRINT REQUEST FORM

Applicants: Please provide this form to the fingerprint technician/official at the time the fingerprints are taken to ensure that all fields contain the required/authorized information needed for processing. ***Applicants without a Fingerprint Request Form or with an incomplete Fingerprint Request Form may be denied fingerprinting until all applicable information is received.***

Fingerprint Technician: Please ensure that you see valid, non-expired government issued photo ID for identity verification purposes prior to fingerprinting.

APPLICANT INFORMATION *(Fill out this portion only)*

Applicant Name (Last, First, MI): _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Place of Birth: _____

SSN: _____ Citizenship: _____

Sex: _____ Race: _____ Hgt: _____ Wgt: _____ Eyes: _____ Hair: _____

Phone: _____ Email: _____

Applicant Signature: _____ Date: _____

AUTHORIZED ENTITY INFORMATION *(Must appear on your fingerprint cards)*

Reason Fingerprinted:
NRS640B.310

Miscellaneous No. MNU:
881086

ORI: NV0131700
ST HWY PAT
CARSON CITY, NV

Signature of Authorization: Michelle Cothrun
Michelle Cothrun, Executive Secretary, Nevada State Board of Athletic Trainers

FINGERPRINT SITE INFORMATION *(Fingerprint technician to fill out and sign below)*

Submit Fingerprints Electronic Live Scan (check one): Yes: _____ No*: _____

*If no, please print hard cards and return to applicant for manual submission. ***Applicant is responsible for Fees.***

Fingerprint Technician Signature: _____ Date: _____

TCN Number (used for tracking purposes): _____



Nevada Department of **Public Safety** Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by Nevada State Board of Athletic Trainers *(name of requesting agency)* that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

Initial

Date

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
9. I hereby authorize Nevada State Board of Athletic Trainers (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:

PLEASE PRINT

Last Name

First Name

Middle

Applicant's Signature: _____

Date: _____

Agency Account #:

881086

Agency Representative:

Cothrun

Michelle

R

PLEASE PRINT

Last Name

First Name

Middle

Agency Representative Signature: _____



Date: _____



Remit payment and application to:
Nevada State Board of Athletic Trainers
6170 Mae Anne Avenue, Suite 1, Reno, NV 89523-4705
(775) 787-2636 Email: atrainner@nsbat.nv.gov



**Application for Admission to Practice Athletic Training
in the State of Nevada – Fee \$200**

PERSONAL INFORMATION

Name: _____	Social Security Number: _____
Address: _____	Date of Birth: _____
City: _____ State: _____ Zip: _____	Place of Birth: _____
Telephone: _____	Email: _____

Previous legal names used, if applicable: _____

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

UNIVERSITY / COLLEGE ATTENDED

School Name: _____	Dates Attended: _____
Address: _____	City: _____ State: _____ Zip: _____
Degree Conferred: _____	Date Graduated: _____
School Name: _____	Dates Attended: _____
Address: _____	City: _____ State: _____ Zip: _____
Degree Conferred: _____	Date Graduated: _____

Which University/College did you receive athletic training education that allowed you to sit for the NATABOC exam?

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 # _____
Date Issued _____ Expiration Date _____

Do you currently dry needle as an Athletic Trainer? Yes: _____ No: _____

To be approved to dry needle, you must undergo a Board review. For more information on the required application process, please visit the [Dry Needling Update](#) page on the Board website.

CURRENT EMPLOYER

Employer Name: _____	Starting Date: _____
Address: _____	City: _____ State: _____ Zip: _____

EMPLOYMENT HISTORY FOR THE LAST 5 YEARS

Employer Name: _____	Employer Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Employer Name: _____	Employer Name: _____
Address: _____	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 to #5 or #6, 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 of Branch(es) of Service: _____

Dates of service: From ____/____/____ to ____/____/____

Military Occupation Specialties: _____

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

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

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

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.

Signature

Date

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 declare 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. All the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to my training or experience or my fitness to practice athletic training.

I hereby certify under penalty of perjury that the information furnished in this application is true and correct.

Executed on this _____ day of _____, _____.

Signature of Applicant

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