



## ATHLETIC TRAINERS REINSTATEMENT

To reinstate your license:

1. Complete and return the reinstatement application to the Arkansas State Board of Athletic Training at 4815 W. Markham St., Slot 73, Little Rock, AR 72205-3867 along with the renewal fee of \$125.00.
2. Submit a current Physician Supervising/Standing Orders Agreement signed by your directing physician if you are partially or fully practicing in a non-clinical setting.
3. **A current BOC certification is required.** The Board office will verify your BOC certification online.

### **ATHLETIC TRAINERS REINSTATEMENT APPLICATION** **ATHLETIC TRAINER REINSTATEMENT FEE - \$125.00**

<b>License #</b>		<b>NPI (National Provider Identifier) #</b>	
<b>Last Name</b>			
<b>First Name</b>			
<b>Middle Name</b>			
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>		<b>Zip</b>
<b>Residence County</b>			
<b>Personal Phone</b>		<b>Work Phone</b>	
<b>Email</b>			
<b>Are you an active member of the Military being stationed in AR?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Are you a former member of the Military?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If yes, what is the discharge date?</b>			
<b>Is your spouse an active member of the Military being stationed in AR?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Is your spouse a former member of the Military?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If yes, what is the discharge date?</b>			
<b>Do you practice fully or partially in a non-clinical setting?</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If the answer is yes to the above, please complete and submit the Physician Direction Form.</i>			
<i>List all states where you hold or previously held an athletic trainer's license:</i>			
<i>List the name of each facility where you provide athletic training. Attach additional sheet if necessary.</i>			
<b>Facility Name</b>			
<b>Facility City &amp; State</b>			
<b>Facility Name</b>			
<b>Facility City &amp; State</b>			
<b>Facility Name</b>			
<b>Facility City &amp; State</b>			
<b>BOARD USE ONLY:</b>	Amount:	Check #:	BOC Verification <input type="checkbox"/>



**Arkansas Department of Health**  
**Arkansas State Board of Athletic Training**  
 4815 W. Markham St., Slot 73, Little Rock, AR 72205-3867  
 (501) 683-4076 • aratb@arkansas.gov

**Supervision/Standing Orders Agreement**

**Directions to Applicant:** If practicing fully or partially in a non-clinical setting, please request your supervising/directing physician to complete the form and return to the address listed above.

Ark. Code Ann S 17-93-411 licenses athletic trainers and requires the following supervision of the athletic trainer.

1. In a non-clinical traditional setting, the athletic trainer may practice the art and science of athletic training under the direction of a physician licensed in the state of Arkansas.
2. In a clinical setting, the athletic trainer may practice athletic training in a hospital or outpatient clinic under the direct supervision of a physical therapist and upon the referral of a physician licensed in the state of Arkansas.

**Supervising Physician**

**Athletic Trainer**

Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State/Zip: _____	State/Zip: _____
Phone: _____	Personal Phone: _____
Business Name: _____	AT Employer: _____

I, the above named Supervising Physician, agree to be the designated supervisor for the Athletic Trainer named above, under the Rules of the Arkansas State Board of Athletic Training. We understand and agree to abide by the following standing orders:

The Supervising Physician agrees to be available for consultation and to provide direction as necessary. Supervision means that the Supervising Physician is readily available to give aid, direction, and instruction.

The Supervising Physician shall allow the Athletic Trainer to perform independently the functions for which the Athletic Trainer has training and experience, as outlined in the 5 Domains from the Board of Certification's Practice Analysis, 7<sup>th</sup> Edition and additional education as approved by the Board.

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- D1:** Injury & Illness Prevention and Wellness Promotion
- D2:** Examination, Assessment and Diagnosis
- D3:** Immediate & Emergency Care
- D4:** Therapeutic Intervention
- D5:** Healthcare Administration & Professional Responsibility

The Athletic Trainer shall adhere to the Arkansas State Board of Athletic Training Rules, and applicable Standards of Practice for the profession.

In the event of termination of this Agreement, the Athletic Trainer shall notify the Board in writing. The Athletic Trainer will not provide services until documentation of an appropriate Supervisor is approved by the Board.

Any changes in this agreement shall be submitted in writing within ten (10) days to the Board.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Trainer's Signature

\_\_\_\_\_  
Date