

Regular Mailing Address

State Board of Medicine/Osteopathic Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

Courier Delivery Address

State Board of Medicine/Osteopathic Medicine
2601 North Third Street
Harrisburg, PA 17110

Phone: State Board of Medicine 717-787-2381
State Board of Osteopathic Medicine 717-783-4858
Email: st-medicine@state.pa.us or st-osteopathic@state.pa.us

APPLICATION FOR PENNSYLVANIA ATHLETIC TRAINER CERTIFICATION

(This application may also be used for a temporary permit)

REQUIREMENTS FOR CERTIFICATION

1. An applicant for certification shall comply with one of the following:
 - a. Be a graduate of an approved athletic training education program.
 - b. Hold and maintain current credentialing as a certified athletic trainer (ATC) from the BOC or another credentialing body approved by the Board.
2. Pass the certification examination administered by BOC, as revised after 1984.

INSTRUCTIONS

1. Complete pages 1 and 2.
2. If documents will be submitted to the Board under a name different than your present name, submit a copy of the legal document evidencing the name change. (I.E., marriage license, divorce decree, naturalization, etc.)
3. Arrange for the athletic training program to complete page 3 of the application and submit it directly to the Board in an official school envelope.
4. Submit proof of holding BOC certification by contacting the BOC at www.bocatc.org. Click on "verify certification" and request verification of your certification to be sent directly to the Board in an official envelope.
5. Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from the athletic training program to date. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.
6. Fee: \$20 – Made payable to the "Commonwealth of Pennsylvania."

<p>PLEASE NOTE: If this application is not completed within six months, updates of certain sections will be required. If the application process has not been completed within one year from the date it was received, applicants will be also be required to submit an updated application and another application processing fee.</p>

7. Request letters of good standing to be sent directly to the Pennsylvania Board from all states where you hold or have ever held a license/certificate to practice as an athletic trainer. The letter must include the following: license issue and expiration date, license status (current or expired), and disciplinary standing. **The letters of good standing must be sent directly to the Pennsylvania Board from each State Board office in an official Board envelope.**
8. Provide an official notification of information (Self Query) from the National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank. To obtain information (self-query) from the NPDB-HIPDB, please visit www.npdb-hipdb.com, scroll to the right side of the home page, and click perform a self-query. When you receive the "Response to your Request for Information Disclosure" forward BOTH reports directly to the Board Office. (Verify that "Response" is sent to the Board and not discrepancy letter.) The original reports must be submitted. You may make a copy for your records.

Regular Mailing Address

State Board of Medicine/Osteopathic Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

Courier Delivery Address

State Board of Medicine/Osteopathic Medicine
2601 North Third Street
Harrisburg, PA 17110

Phone: State Board of Medicine 717-787-2381
State Board of Osteopathic Medicine 717-783-4858

Email: st-medicine@state.pa.us or st-osteopathic@state.pa.us

APPLICATION FOR PENNSYLVANIA ATHLETIC TRAINER CERTIFICATION
(This application may also be used for a temporary permit)

Check the Board under which you are applying to be certified.

State Board of Medicine State Board of Osteopathic Medicine

Check to indicate that you desire a temporary permit (Temporary permits are only available to new graduates who are waiting to take the BOC examination). **A temporary permit is valid for 1 year from date of issuance or upon passing of the examination, whichever occurs first.** Temporary permit holders **MUST** practice under the direct onsite supervision of a Pennsylvania Certified Athletic Trainer.

FEE - \$20.00 MAKE CHECK PAYABLE TO THE "**COMMONWEALTH OF PENNSYLVANIA**"

NOTE: A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED UNPAID BY YOUR FINANCIAL INSTITUTION, REGARDLESS OF REASON FOR NON-PAYMENT. FEE IS NOT REFUNDABLE

PLEASE NOTE: If this application is not completed **within six months**, updates of certain sections will be required. If the application process has not been completed **within one year** from the date it was received, applicants will also be required to submit an updated application and **another application processing fee.**

Please Print or Type

Name: _____
Last First Middle

Address: _____
Street

All correspondence and the certification will be mailed to this address unless the Board is notified of a change.

City State Zip Code

Email Address: _____

Date of Birth: _____ - _____ - _____ Social Security Number: _____

If supporting documents are listed under another name or names, list below:

Name and Address of Athletic Training Educational Program Date of Graduation

If you answer "YES" to questions 2-6, you must provide complete details on a separate 8 1/2 x 11 sheet as well as certified copies of relevant documents.

	YES	NO
1) Do you hold or have you ever held licensure, registration, or certification (active or inactive, current or expired) to practice in any other jurisdiction? If yes, list the jurisdiction(s) below.		
2) Has any disciplinary action ever been taken against your license, registration, or certification in another state, territory or country?		
3) Have you ever withdrawn an application for a license, registration, or certification had an application denied or refused, or agreed not to reapply in another state, territory or country? A license includes a registration or certification.		
4) Have you ever been convicted, found guilty, or pleaded guilty or nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violation, in any state or federal court?		
5) Have you ever had practice privileges denied, revoked or restricted in a hospital or other health care facility?		
6) Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Impaired Professional Program.)		

VERIFICATION

Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine/Osteopathic Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the licensee's social security number.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of the certificate.

SIGNATURE OF APPLICANT

DATE

Regular Mailing Address

State Board of Medicine
State Board of Osteopathic Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

Courier Delivery Address

State Board of Medicine
State Board of Osteopathic Medicine
2601 North Third Street
Harrisburg, PA 17110

VERIFICATION OF GRADUATION FROM AN APPROVED ATHLETIC TRAINER PROGRAM

Section 1 – Applicant – Complete Section 1 and send to the athletic trainer educational program for completion of Section 2.

Name: _____
Last First Middle

Name of Institution: _____

Location: _____

Section 2 - Dean/Registrar of athletic trainer educational program – Complete bottom portion and return to the Board in an official school envelope.

Name of student: _____

Date student began to attend this school: _____
Month/Day/Year

Date of graduation: _____
Month/Day/Year

I verify that the Athletic Training Program is accredited by the Commission on Accreditation of Athletic Training Education (CAATE) or by the National Athletic Trainers Association (NATA).

(SCHOOL SEAL)

Program Director's /Registrar's Signature

Institution Name

Date