

Application for Athletic Training Licensure

Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT

Instructions are found on page 2

1. _____ 2. _____
Last Name *First Name and Middle Name*
3. _____
Mailing Address
4. _____
City, State, Zip Code
5. _____ 6. _____ 7. _____ -- --
Daytime Phone (Including Area Code) *Date of Birth* *Social Security Number**
8. Male Female 9. _____
Gender (optional question) *If any of your documentation is in a name other than your current name, list the previous names of record.*

The following questions must be answered. If you answer "Yes" to question 10 – 15 below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

10. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under \$500)?	Yes	No
11. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?	Yes	No
12. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question).	Yes	No
13. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).	Yes	No
14. Developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No
15. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No

General Education:

Highest level of education attained: Bachelor Masters Doctorate

16. _____
Name of post-secondary educational institution
17. _____
Name of professional educational institution, if different from above.
18. _____
Degree date

19. Successful completion of the Board of Certification (BOC) examination is required for licensure. Yes No
 Have you passed the BOC examination?
If yes, you must submit a letter of current certification status sent directly from the BOC to the Board office.
20. Are you or have you ever been licensed, certified or registered in another state? Yes No
If yes, list the two letter postal codes of the state(s) below.

I **certify** that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory information will result in license denial. Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

21. _____
Applicant must sign here in ink **Date**

INSTRUCTIONS/CHECKLIST

To complete the application, answer each question completely in ink. Supporting documents and fees are required for an application to be considered complete. Payment can be made by check or money order payable to the Iowa Board of Athletic Training.

- The non-refundable application fee is \$120. Make check or money order payable to the Iowa Board of Athletic Training.
- Official transcript(s) sent directly to the Board office from the school(s).
- BOC letter of current certification status sent directly from BOC to the Board.
- Applicants who hold or who have held an athletic training license in any other state(s) must request official verification of licensure status from each state. This must include issue date, expiration date and any pending or past disciplinary action and be sent directly from that state to the Board office.

Applications must be complete and signed to be processed. No application will be considered complete until all required supporting documents and fee have been received. The Board will evaluate your qualifications solely on the basis of the information submitted. Questions regarding the application process may be directed to 515/281-4401 or talden@idph.state.ia.us . Mail the original application, not a photocopy to:

**Iowa Board of Athletic Training
 Bureau of Professional Licensure
 Lucas State Office Building, 5th Floor
 321 E 12th St.
 Des Moines, IA 50319-0075**

www.idph.state.ia.us/licensure

License search: www.licensediniowa.gov