



State of Utah

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

160 East 300 South, P.O. Box 146741
 Salt Lake City, Utah 84114-6741
 Telephone (801) 530-6628
www.dopl.utah.gov

ATHLETIC TRAINER LICENSE APPLICATION

(Note: Microsoft Word users can fill in the blanks, print the form and save it for their records.)

Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.			
Last Name:		First Name:	
		Middle Name:	
Social Security Number: - -		Maiden Name:	
I certify under penalty of perjury that:			
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: __			
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.			
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: __			
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.			
<input type="checkbox"/> I am a foreign national not physically present in the United States.			
Mailing Address:			
City:		State:	ZIP:
<input type="checkbox"/> Male	Date of Birth:	Phone #:	E-Mail:
<input type="checkbox"/> Female			
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>			
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY	
License/Certificate Number: _____	
Date License/Certificate Approved/Denied: ___/___/_____	
Approved/Denied By: _____	
Reason for Denial/Other Comments: _____	

AFFIDAVIT and RELEASE AUTHORIZATION

1. I certify that am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which you are applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: _____ Date of Signature: ___/___/_____

QUALIFYING QUESTIONNAIRE

**Read thoroughly, and answer the questions. Do not leave any question blank. Then sign at the bottom.
(Note: If you have formally expunged a criminal record you do not need to disclose that criminal history.)**

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
	<ul style="list-style-type: none"> • If you answered “Yes” to Question 1 you must have the state(s) in which you were licensed send DOPL an official verification of licensure. • If you answered “Yes” to Questions 2 and/or 3, you must attach a complete narrative of the circumstances for EACH and EVERY violation, disciplinary action, conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable agency report(s), court record(s), and probation or parole officer report(s). A conviction means a finding of guilt, guilty plea, a plea of nolo contendere, a plea in abeyance, a pending diversion agreement, or an equivalent to any of the above in any jurisdiction.

ATHLETIC TRAINER LICENSE APPLICATION CHECKLIST

(This checklist is for your convenience—do not include it with your application.)

The following items are required for a full and complete Application for Licensure:

1. Obtain a passing score on the NATABOC Exam and attach it to this application. Information on obtaining NATABOC Certification can be found at www.bocatc.org.
2. Complete all sections of the application on the previous page. Applications without a BOC Certification number will NOT be accepted.
3. Enclose a \$70.00 application fee. Licensure fees can be paid by check or money order, made payable to “DOPL”. Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL’s main office.
4. Attach an Official transcript of your Bachelor’s or Master’s degree in Athletic Training in a sealed envelope from the school or have the transcript sent directly from the school to DOPL
5. Submit the above items, as well as any supporting documentation, to:

By U.S. Mail	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City, Utah 84114-6741
By Express Mail or In Person	Division of Occupational & Professional Licensing 160 East 300 South 1 st Floor Lobby Salt Lake City, Utah 84111
By FAX	(801) 530-6511

For Questions or Other Information:

Phone: (801) 530-6628 • **Toll-free:** (866) 275-3675 (*Utah only*) • **Website:** www.dopl.utah.gov