



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Athletic Trainers Program

State Office Building

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 • Email: AthleticTrainers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/AthleticTrainers

Athletic Trainer Licensure Application Packet

AS 08.07.010 states in part: "An individual may not practice or offer to practice athletic training or allow another person to offer athletic training by the individual, in the state without being licensed by the department." Athletic training means the treatment of an athlete under the direction of a physician licensed under AS 08.64 to manage risk of injury and prevent injury, evaluate clinically, assess, and treat an athlete's injury or illness, and rehabilitate and recondition that athlete.

If you received this application other than directly from the division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the division. Please read the application and all the instructions carefully. It is the applicant's responsibility to completely and accurately fill out the application and submit all required supporting documents. It is also the applicant's responsibility to request the certification as an athletic trainer sent directly from the Board of Certification, Inc. and original verifications of licensure to be sent to this office. If the supporting documents show a name other than the one on the application (e.g., because of marriage, divorce or any other reason), include an explanation and a certified true copy of the document that supports that change. Incomplete or incorrect documents will be returned and will cause delays in processing the application. Please type or print all required data. If space for any answer is insufficient, use an additional sheet and specify the question to which it relates.

Average processing time to complete an application and issuance of an athletic trainer license is 4-6 weeks.

THE FOLLOWING DOCUMENTS AND FEES MUST BE ON FILE WITH THE DIVISION BEFORE THE FILE WILL BE REVIEWED:

- APPLICATION:** Completed, signed and notarized. An applicant with a "yes" answer to one or more professional conduct questions must submit a separate written, signed and dated explanation and provide copies of any supporting documents.
- FEES:**

Nonrefundable Application Fee	\$200
Athletic Trainer License Fee	\$100
TOTAL FEES DUE	\$300

Make check or money order payable to the State of Alaska. You may pay by credit card by submitting Credit Card Payment Form 08-4438.
- CERTIFICATION:** Verification of certification as an athletic trainer as required in AS 08.07.020, sent directly to the department from the Board of Certification, Inc. (BOC), or another nationally recognized professional organization approved by the department.
- LICENSE VERIFICATION:** Verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice athletic training. Each verification must include an explanation of any disciplinary action taken against the licensee. Check with the state boards you are licensed in for any fee required for the verification.
- RELEASE:** Completed Authorization for Release of Records form.

OTHER FEES:	
Verification of licensure to another state	\$20
Returned check	\$20
Address change	No Fee
OPTIONAL:	
Wall Certificate (suitable for framing)	\$20
Duplicate license	\$5

APPLICATION INFORMATION

ATH Information

LICENSE TERM

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on August 31 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

General Information

APPLICATION PROCESSING

The average time to process a paper application varies by program, but can take several weeks from the date it is received in this office, complete with all correct forms, supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. When the application is complete and correct, and all supporting documents have been received and all fees have been paid the license will be issued and sent to you. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

DENIAL OF APPLICATION

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

ADDRESS OR NAME CHANGE

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form located at ProfessionalLicense.Alaska.gov or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

ABANDONED APPLICATIONS

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS

The complete set of statutes and regulations for this program are available by written request or online at the division's website: ProfessionalLicense.Alaska.Gov

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to the address below.

REGULATIONS SPECIALIST: Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

EMAIL: RegulationsAndPublicComment@Alaska.Gov

US MAIL: P.O. Box 110806, Juneau, Alaska 99811-0806



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ATH

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Athletic Trainer License Application

PART I Payment of Fees

Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$200
	<input type="checkbox"/> Initial License Fee	\$100
Make checks payable to the State of Alaska or use the attached credit card payment form.		TOTAL: \$300

PART II Personal Information

Full Legal Name:	Last	First	Middle
Other Names Used:	Nicknames, Maiden Names, etc.		
Legal Name Changes:	Submit a copy of the legal name change document		
Date of Birth:	Month	Day	Year
Mailing Address:	Street or PO Box		
	City	State	ZIP Code
Home Phone #:	Home		
Work Phone #:			

EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.

Email Address:	<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail
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SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.

PART III Professional Activities

List all current and previous athletic training licenses or certifications held in any municipality, state, territory, and the board of certification. Use an extra sheet if necessary. Ensure verifications are sent to the division directly from the governing body.

Certification Board Name	Certification No.	Date of Issue	Expiry Date	License Status

PART IV Professional Fitness

The following questions must be answered. "Yes" answers may not automatically result in license denial.

If you answer "Yes" to any of the questions, please provide full details (dates, locations, type of action, organizations or parties involved and specific circumstances) on a separate sheet of paper, signed and dated.

Send any supporting documents that are applicable (court records, judgments, charging documents, board or license actions, etc.). Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

1. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a license authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? Yes No

2. Have you been convicted of a crime or are you currently charged with committing, a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including, but not limited to, a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. Yes No

3. Have you had certification from the Board of Certification denied, revoked, suspended, surrendered, subject to stipulation, placed on probation or been subject to any other restriction? Yes No

4. Have you been treated for substance abuse, or have you been addicted to, or excessively, or illegally used, alcohol, or a controlled substance which may impair or interfere with your ability to practice as an athletic trainer? * Yes No

5. Have you experienced or been treated for, bipolar disorder, schizophrenia, paranoia, depression (except for situational or reactive depression), psychotic disorder, or other mental or physical condition or disability? * Yes No

* *If you checked "Yes" to questions 4 or 5, in addition to your personal statement, you must request a "fit to practice" letter from the appropriate health care provider indicating your ability to practice.*

PART V Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

<div style="border: 1px dashed gray; padding: 10px; width: fit-content; margin: 0 auto;"> <p>Notary Stamp</p> </div>	Applicant's Printed Name:			
	Applicant's Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	



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Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations which are considered appropriate by the division in connection with an official investigation and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatments. This release specifically includes information from federal service and peer review organizations.

I request that upon presentation of this release, or a certified true copy, that you provide copies of those records to the division and its investigators, and/or representatives of the office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for Alaska athletic trainer licensure. This authorization expires one year from the date of my signature.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, and its investigators, and all others directly or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

Name:	First	Middle	Last
Address:			
Phone:			
Birthdate:			
Email:			
Signature:		Date:	



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Verification of State Licensure/Certification

Name of Applicant:	
Address of Applicant:	

TO STATE LICENSING BOARD: I, the applicant, am applying for a certification to practice as an athletic trainer in the State of Alaska. The athletic trainers program requires that this form be completed by each jurisdiction in which I hold or have held licenses/certificates. The state boards must complete the bottom section of this form and return it **directly to the above address**. The State of Alaska will also accept a standard computer verification that provides substantially the same information.

— — — **THIS PART TO BE COMPLETED BY THE LICENSING BOARD** — — —

Name of Licensee / Certificate Holder:		Date of Birth:	
License/Certificate #:	Original Issue Date:	State:	
License Type:	<input type="checkbox"/> Date by Endorsement:	<input type="checkbox"/> Date by Examination:	
Exam Source: (If applicable)		Date of Exam:	
Is the License or Certificate Current?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Lapse Date:	Expiration Date:
Is the applicant the subject of an unresolved complaint or ongoing disciplinary action?			* Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant's license/certificate ever been suspended, revoked, voluntarily surrendered, placed on probation, or restricted in any other way?			* Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>* If yes, please provide a copy of the disciplinary action document.</i>			

Comments:	
BOARD SEAL (All verifications must have a board seal)	Sign and Date: _____ State Board and Title: _____ Email: _____ Contact Phone Number: _____



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Website: ProfessionalLicense.Alaska.Gov/AthleticTrainers

Verification of Certification

Name of Applicant:	
Address of Applicant:	

TO BOARD OF CERTIFICATION: I, the applicant, am applying for a certification to practice as an athletic trainer in the State of Alaska. The athletic trainers program requires that this form be completed by each jurisdiction in which I hold or have held licenses/certificates. The BOC must complete the bottom section of this form and return it **directly to the above address**. The State of Alaska will also accept a standard computer verification that provides substantially the same information.

— — **THIS PART TO BE COMPLETED BY THE BOARD OF CERTIFICATION** — —

Name Certificate Holder:		Date of Birth:	
Certificate Number:		Effective Date:	
Exam Source: (If applicable)		Date of Exam:	
Is the Certificate Current?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Lapse Date:	
			Expiration Date:
Is the applicant the subject of an unresolved complaint or ongoing disciplinary action?			* Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant's certificate ever been suspended, revoked, voluntarily surrendered, placed on probation, or restricted in any other way?			* Yes <input type="checkbox"/> No <input type="checkbox"/>
* If yes, please provide a copy of the disciplinary action document.			

Comments:	
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BOARD SEAL (All verifications must have a board seal)	Sign and Date: _____ Title: _____ Email: _____ Contact Phone Number: _____
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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>