



THE STATE  
of

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

**Athletic Trainers Program**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [AthleticTrainers@Alaska.Gov](mailto:AthleticTrainers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/AthleticTrainers](http://ProfessionalLicense.Alaska.Gov/AthleticTrainers)

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## Athletic Trainer License Application Instructions

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.

***The following documents and fees must be on file with the division before the file will be reviewed:***

**1. APPLICATION**

A signed, completed application (#08-4657, pages 1-3).

**2. FEES**

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$200.00
Initial License Fee:	\$100.00
<hr/>	
Total Fees Due:	\$300.00

**3. VERIFICATION OF LICENSURE**

Verification of Licensure must be sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice as an athletic trainer. Each verification must include an explanation of any disciplinary action taken against the licensee. Check with each of the state boards you are or have been licensed in for their verification request process. If a state offers primary source verification on their website, that can be accepted as long as the website clearly confirms that it's a primary source verification.

**4. NATIONAL CERTIFICATION**

Verification of current certification from the Board of Certification, Inc. (BOC) or another national recognized professional organization approved by the department is required. Verification must be sent directly from the BOC to the department via email to [athletictrainers@alaska.gov](mailto:athletictrainers@alaska.gov) or mail. You may also use Verification of Certification form (#08-4657c), but it is not required.

## General Information

### APPLICATION PROCESSING:

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may be issued. 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.

### LICENSE TERM:

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 which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

### PROFESSIONAL FITNESS QUESTIONS:

A “yes” response in the application does not mean your application will be denied. If you have responded “yes” to any professional fitness questions, submit an explanation with the charging and closing court documentation showing final disposition of charge(s) (e.g. court records, fitness letters, etc.).

### DENIAL OF APPLICATION:

Be aware that the denial of an application for 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 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. The name appearing on the license must be your current legal name.

### CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

### SOCIAL SECURITY NUMBERS:

AS 08.01.060 requires a U.S. Social Security Number be on file with the division before a professional license is issued. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.Gov*.

### PUBLIC INFORMATION:

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

### 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.

### BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*.

### STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

### PAYMENT OF CHILD SUPPORT:

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*. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*.



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## Athletic Trainer License Application

### PART I Payment of Fees

Required Fees:

☐ Application and License Fee (\$200 is Non-Refundable)

**\$300.00**

### PART II Personal Information

Full Legal Name:

**Provide all other names used (maiden, nicknames, aliases).** If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).

☐ Not Applicable

☐ Other Names Used: \_\_\_\_\_

Mailing Address:

P.O. Box or Street

City

State

Zip

Contact Phone:

Date of Birth:

**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:

Select One:

- ☐ Send my Correspondence Electronically  
☐ Send my Correspondence by Mail

**Note: If both boxes are selected above, you will receive correspondence electronically.**

**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 License(s)

List all current and previous athletic training licenses or certifications held in any municipality, state, territory, and the Board of Certification for the Athletic Trainer (BOC). Use an extra sheet if necessary. Ensure verifications are sent to the division directly from the governing body.

☐ Click here if none

State/Jurisdiction	License/Certification Number	Issue Date	Expiration Date	License Status

## PART IV Professional Fitness Questions

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

**For each "yes" response to any question, you must provide an explanation and documentation.** Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

### When in doubt, disclose and explain.

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 licensing 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, 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 ever 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. Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice as an athletic trainer in a competent, ethical and professional manner? ☐ Yes ☐ No

"Yes" Answers

**If you answered "yes" to question 4**, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice as an athletic trainer. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

## PART V Alaska Law

- ☐ I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.07 and 12 AAC 78).



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## Signature Page

<b>Applicant Name:</b>		
<b>Alaska License Number (if known):</b>		<input type="checkbox"/> <i>Application in Process</i>

### PART VI Agreement

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

I understand 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, registration, certificate, or permit to practice in the state of Alaska.

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

<b>Applicant Signature:</b>		<b>Date Signed:</b>	
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## Verification of Certification

→ **Applicant:**

Complete the identifying information below and forward a copy of this form to all states, territories, or jurisdictions where you currently are or have ever been certified. *Make additional copies of this form, as needed.*

<b>Applicant Name:</b>			
<b>Applicant Signature:</b>		<b>Date Signed:</b>	

→ **Board of  
Certification:**

Complete this bottom part for the applicant identified above and return the form directly to the Athletic Trainers program at the letterhead address.

<b>Certificate Holder Name:</b>			<b>Certificate Number:</b>	
<b>State or Jurisdiction:</b>		<b>Licensed By:</b>	<input type="checkbox"/> Endorsement	<input type="checkbox"/> Exam
<b>Original Issue Date:</b>		<b>Expiration Date:</b>		
<b>Is the Certificate Current?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Exam Source (If Applicable):</b>		<b>Date of Exam:</b>		
<b>1. Is the applicant the subject of an unresolved complaint or ongoing disciplinary action?</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. Has the applicant's license/certificate ever been suspended, revoked, voluntarily surrendered, placed on probation, or restricted in any other way?</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No

"Yes" Answers

If you answered "yes" to any question above, attach a detailed explanation or documentation signed and dated by the person whose signature appears below.

Board Seal	<b>Signature:</b>		<b>Date Signed:</b>	
	<b>Printed Name:</b>		<b>Title:</b>	
	<b>Email:</b>		<b>Phone:</b>	



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## Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.



Write the professional fitness question number you are answering “yes” to in the box.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b> When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

**Did you attach all applicable documents associated with this incident?**

- ☐ Court Orders      ☐ Consent Agreements      ☐ Disciplinary Actions      ☐ Charging Documents
- ☐ Court Records      ☐ Fitness to Practice      ☐ All Other Documentation Related to This Incident
- ☐ I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

<b>Full Name:</b>		<b>Program:</b>	
<b>Signature:</b>		<b>Date Signed:</b>	



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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:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
TOTAL:			

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		All 3 fields MUST be completed.  This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		