



New Jersey Office of the Attorney General

Division of Consumer Affairs

State Board of Medical Examiners

Athletic Training Advisory Committee

124 Halsey Street, 7th Floor, P.O. Box 46017

Newark, New Jersey 07101

(973) 504-6414

Application Instructions/Checklist

Use this checklist to determine whether you have complied with all of the requirements for licensure in New Jersey as an Athletic Trainer. Once your application has been received, a file will be established and you will be notified concerning any missing documents.

- Application Fee: Please enclose a nonrefundable check or money order in the amount of \$100.00 made payable to the State of New Jersey and mail it with your application to the: State Board of Medical Examiners, Athletic Training Advisory Committee, P.O. Box 46017, Newark, New Jersey 07101.
- The fee for initial licensure is \$80.00 if paid during the first year of a biennial renewal period or \$40.00 if paid during the second year of a biennial renewal period.
- Supply a resume which includes a full employment history.
- Answer all of the questions on the application form.**
- Attach a clear, full-face passport-style photograph of your head and shoulders to the front page of the application. Please sign and print your name along with the date on the back of the photograph.
- Enter your Social Security number. (If you do not have a S.S.N. when you are applying for a license, you must obtain one prior to being issued a permanent license number. You must provide a copy of your Social Security card. You should print your name and provide your signature on the bottom of the photocopy.)
- All applicants who have had a name change since Athletic Training school must submit legal documentation.
- Have your college/university provide an official transcript in a sealed envelope. Have the college/university forward the transcript(s) directly to the Committee's office.
- Submit a notarized copy of the Athletic Training education program certificate issued by your college/university that verifies your completion of the curriculum approved by either the Commission on Accreditation of Allied Health Educational Programs or the Commission on Accreditation of Athletic Training Education.
- Make photocopies of the Verification of State License form and mail it to each state in which you hold (or have held) a license. The board in each state where you are or have been licensed must fill out the form, stamp it with the board's official seal and mail it directly to the: State Board of Medical Examiners, Athletic Training Advisory Committee, P.O. Box 46017, Newark, New Jersey 07101. Please contact each state office for the necessary processing fees for verification before mailing out your verification forms.
- Verification of Professional Employment Form - Please forward a copy of this form to every employer for whom you have worked in a professional capacity since graduation from your Athletic Training program. The employer should be directed to return this form directly to the Committee office at the address shown on the form. Forms submitted to the Committee by the applicant will not be accepted.

- If you have previously taken the BOC examination, please have your official BOC verification sent directly to the Committee office at: State Board of Medical Examiners, Athletic Training Advisory Committee, P.O. Box 46017, Newark, New Jersey 07101. You may reach the Board of Certification at (402) 559-0091 or send your request to 4223 South 143rd Circle, Omaha, Nebraska 68137-4505. You may also contact the BOC at their Web site: www.bocatc.org.

Please use additional sheets of paper if you cannot fit all of your information in the space provided on this form. Make a notation by each question that more information has been attached. Please mark your attached answers with the same number corresponding to the question that you are answering.

- If you answer “Yes,” to any of the child-support questions, please attach to this application a written explanation on a separate sheet of paper.
- Fill out the Medical Conditions section on this application.
- Fill out the Certification and Authorization form for a criminal history background check and mail it with the application to the Committee.
- Once the **entire application** has been completed, have it signed and stamped/sealed by a notary public.

Notice: Any applicant filing an application **after** November 22, 2003, will be subject to a criminal history background check pursuant to P.L. 2002, Chapter 104. Information will be provided to applicants.



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Athletic Training Advisory Committee
124 Halsey Street, 7th Floor, P.O. Box 46017
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Dear Applicant:

New Jersey law (N.J.S.A. 45:1-30 et seq.) requires that every person seeking licensure as a health care professional **must** undergo a Criminal History Record Background Check. An important part of this process is the recording of each applicant's fingerprints.

In order for the Division to conduct a Criminal History Record Background Check, you must complete and return the enclosed Certification and Authorization form. Once the application and Certification and Authorization form have been received and processed, you will be sent instructions about the fingerprinting process.

Please be advised that the Criminal History Record Background Check must not be older than six months at the time you are to be licensed. If the application process extends for more than six months from the date the Criminal History Record Background Check was conducted, the Division will be required to conduct a new F.B.I. background check. A fee for this service is required.

Please send all completed information to:

State Board of Medical Examiners
Athletic Training Advisory Committee
124 Halsey Street, 7th Floor
P.O. Box 46017
Newark, New Jersey 07101

Thank you for your cooperation.

The Athletic Training Advisory Committee



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Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.

Athletic Training Application for Licensure

Date : _____

A nonrefundable application filing fee of \$100.00, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application (applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid).

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State Country

1. Name Mr. _____ (_____)
 Mrs. _____
 Ms. _____
Last name First name Middle initial Maiden name

2. Address

Home: _____
Street or P.O. Box City State ZIP code County

_____ Telephone number (include area code) _____ E-mail address

Business: _____
Name of company Telephone number (include area code)

_____ Street City State ZIP code County

Mailing: _____
Street or P.O. Box City State ZIP code County

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

“Ability to practice as an athletic trainer” is to be construed to include all of the following:

- a. The cognitive capacity to exercise the reasonable judgments of an athletic trainer, and to learn and keep abreast of professional developments; and
- b. The ability to communicate those judgments and related information to athletes and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- c. The physical capability to perform the duties of an athletic trainer, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

“Chemical substance” is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- a. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? Yes No
- b. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? Yes No Not applicable
- c. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? Yes No Not applicable
- d. Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? Yes No Not applicable
- e. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? Yes No
- f. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) Yes No

If you answered “Yes” to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? Yes No

** If you receive such ongoing treatment or participate in such a monitoring program, the Committee will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

8. Have you ever changed your name? Yes No
 If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.
9. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) Yes No
10. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. Yes No
 If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)
11. Have you previously applied for a license as an athletic trainer in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
 If "Yes," when and where? _____
12. Do you currently hold, or have you ever held, a professional or occupational license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
 If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license was issued under a different name, please provide that name. _____
- | | Last name | First name | Middle initial |
|--------------------------------|-----------|--|---------------------|
| _____ | _____ | _____ | _____ |
| Type of license or certificate | Number | State or jurisdiction that issued the license or certificate | Date issued/expired |
| _____ | _____ | _____ | _____ |
| Type of license or certificate | Number | State or jurisdiction that issued the license or certificate | Date issued/expired |
| _____ | _____ | _____ | _____ |
| Type of license or certificate | Number | State or jurisdiction that issued the license or certificate | Date issued/expired |
13. Have you ever held a temporary license or limited permit in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
 If "Yes," list the date of issuance and expiration and the jurisdiction where the temporary license or limited permit was granted.

14. Have you ever been cited for disciplinary reasons or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
15. Have you ever had a professional or occupational license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
16. Has any action (including the assessment of fines or other penalties) ever been taken against your professional or occupational practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
17. Have you ever been named as a defendant in any litigation related to the practice of athletic training or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
18. Are you aware of any investigation pending against a professional or occupational license or certificate issued to you by a professional or occupational board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
19. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
20. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional or occupational group related to the practice of athletic training or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No
- If the answer to any of the above questions, numbers 14 through 20, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education

1. What is the name and address of the high school you attended? _____
Name of high school

Street address City State ZIP code

2. What years did you attend high school? _____

3. Did you graduate from high school? Yes No

If "Yes," what was the date of your graduation? _____
Month Year

If "No," did you study to receive a G.E.D. certificate? Yes No

If "Yes," please provide the name and address of the educational institution that issued your G.E.D. certificate and the date the certificate was issued.

_____ Name of educational institution

Street address City State ZIP code

Date certificate was issued

4. What is the name and address of the colleges or universities you have attended?

_____ Name of college or university

Street address City State ZIP code

_____ Name of college or university

Street address City State ZIP code

_____ Name of college or university

Street address City State ZIP code

_____ Name of college or university

Street address City State ZIP code

5. List all of the degrees that you have received from recognized colleges or universities. **Please have each college or university forward to the Committee the official transcript for each degree that you have earned.**

Educational institution	Inclusive years	Degree, Diploma or Certificate	Major	Date granted
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. List the date of **every** BOC examination you have taken:

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____ }
County of: _____ } ss.

I, _____, in making this application to the Athletic Training Advisory Committee for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey State Board of Medical Examiners for the Athletic Training Advisory Committee, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Committee.

I further swear (or affirm) that I have read N.J.S.A. 45:9-37.35 et seq., together with the Rules and Regulations of the Athletic Training Advisory Committee, N.J.A.C. 13:35-10.1 et seq., and fully understand that in receiving licensure or certification from the Committee, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Committee.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public





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Verification of State License

A separate form must be used for each state.
(This form may be reproduced.)

Name of applicant: _____
Last name First name Middle initial

The above-named applicant is a licensee of the State of _____ and was
issued a license number _____ on _____
Month Day Year

The applicant was licensed by the following:

BOC Examination: _____

Endorsement/Reciprocity from the State of: _____

Other: _____

The license status is:

Current and in good standing expiring on: _____ . Revoked or suspended: _____
Date Date

Inactive/expired on: _____ Other (please attach explanation)
Date

The licensee does does not have a record of disciplinary history with this agency. (Attach disciplinary information, if applicable.)

I hereby certify that to the best of my knowledge and belief, the foregoing is a true statement of the record of the individual on this form.

Name of Board

Name of person completing this form

Title

Signature

Date



Board Seal



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Employment Verification Form

Applicant's name: _____
Last name First name Middle initial

Employer's name: _____

Employer's address: _____
Street City State ZIP code

Employer's telephone number: _____
include area code

1. What position did this Athletic Trainer hold when employed by you? _____

2. What were the dates of employment for this Athletic Trainer? From: _____ to: _____.

3. Did this Athletic Trainer leave your employment in good standing? Yes No

4. Was this Athletic Trainer on probation, suspended or in any way sanctioned/disciplined while employed by you? Yes No

If "Yes," please explain. _____

5. Was this Athletic Trainer granted a leave of absence while employed by you? Yes No

6. Were any restrictions placed on this Athletic Trainer's activities which were not placed on all other employees holding similar positions? Yes No

If "Yes," please explain. _____

7. Were any formal staff complaints ever filed against this Athletic Trainer? Yes No

If "Yes," please explain. _____

8. Were any incident reports filed involving the professional conduct or behavior of this Athletic Trainer? Yes No

If "Yes," please explain. _____

9. Was this Athletic Trainer ever subject to nonroutine monitoring while in your employment? Yes No

If "Yes," please explain. _____

10. Was this Athletic Trainer removed from the schedule for cause? Yes No

If "Yes," please explain. _____

11. Was this Athletic Trainer subject to nonroutine quality assessment review? Yes No

If "Yes," please explain. _____

12. Did quality assessment review of this Athletic Trainer ever result in a negative finding? Yes No

If "Yes," please explain. _____

13. Were any malpractice actions filed naming this Athletic Trainer as a defendant based on actions during his/her period of employment by you? Yes No

If "Yes," please explain. _____

14. Would you consider rehiring this Athletic Trainer? Yes No

Please print the name of the person/employer supplying information: _____

Signature of the person/employer supplying information: _____

Date form was completed: _____

Please attach a letterhead from the facility where the applicant worked or supply some form of identification such as a business card for the individual supplying this information.

Please return directly to: **State Board of Medical Examiners**
Athletic Training Advisory Committee
124 Halsey Street
P. O. Box 46017
Newark, NJ 07101

Official Use Only

Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number



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Official Use Only

Resubmit

Board or Committee

**CERTIFICATION AND AUTHORIZATION FORM
FOR A CRIMINAL HISTORY BACKGROUND CHECK**

Directions: Answer all of the questions on this form.

1. Name Mr. Mrs. Ms. _____ (_____)
Last First Middle Maiden Name

2. Address _____
Street or P.O. Box City State ZIP code

3. Date of birth ___/___/___ Sex: Male Female
Month Day Year

4. Social Security number _____/_____/_____

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? Yes No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.

If "Yes," please provide the following information and follow the instructions outlined below:

Board or committee requiring the fingerprinting

Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history record background check process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply), you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history record background check each time you apply for licensure or certification. **The fee for this service is \$25.30.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) Yes No

Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➡

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date