State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board
Athletic Trainers Section

Athletic Training Reinstatement Application Instructions

The reinstatement application applies to any individual who previously held a license to practice athletic training in Ohio at any time must submit a reinstatement application. Please review rule 4755-43-06 of the Ohio Administrative Code for clarification on the requirements to apply to reinstate your Ohio athletic training license.

Applications are reviewed on a weekly basis. All applications must be **FULLY** completed before they are reviewed and a license is reinstated. If your application remains incomplete for one year from the date the Board receives it, your file will be closed.

The Athletic Trainers Section may require the following: (1) Appearance before the section for a reinstatement interview; (2) Taking or retaking the laws and rules examination; and/or (3) Taking or retaking the BOC examination. You will be notified of any additional requirements after the Section reviews your application.

Each reinstatement applicant must demonstrate proof of CE completion. Any continuing education credits used to reinstate your license to active status may not be used to fulfill the continuing education renewal requirements.

You may not practice athletic training in Ohio until your license is reinstated.

To reinstate your Ohio license, you must complete all of the following:

(This instruction sheet is for your personal records.)

Application Fee

- ❑ The application fee is non-refundable. Please submit a cashier's check, business check, or money order made payable to "Treasurer State of Ohio" for $110.00. Personal checks, cash, and/or credit cards will not be accepted.

Photograph

- ❑ Please staple a passport style photograph of your face taken within the six month period immediately preceding the date of your application. The photo should be 2 x 2 inches in size. If the photo is digital, it must be a clear representation and must meet the specifications listed above. Photos not meeting these standards are not accepted. For more information please review the *Passport Photograph Guidelines* on the Board's website (http://otptat.ohio.gov).

Jurisprudence Examination

- ❑ You must score a 90% or better to pass the examination. Please download the Ohio Athletic Trainers Laws and Rules and examination from the Board website.

Notarized Statement

- ❑ You must submit a notarized statement indicating why you did not renew your license by the prescribed renewal date or why you would like to reinstate your Ohio license.

Verification of Licensure

- ❑ You must provide an official verification from any state in which you currently hold or have ever held a license or certification to practice athletic training or another healthcare profession.

Continuing Education

- ❑ Please review rules 4755-43-06(B)(4) and 4755-45-01 of the Ohio Administrative Code for clarification on the CE requirements.
- ❑ Please provide copies of your certificates of completion for continuing education, including one hour of ethics, completed in the two years prior to the date you submit this reinstatement application. Originals certificates will not be returned.

Employment History Form

- ❑ You must complete and sign the employment history form.

The Athletic Trainers Section

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

Phone (614) 466-3774 Fax (614) 995-0816
Website: http://otptat.ohio.gov
Email: board@otptat.ohio.gov

APPLICATION FOR LICENSE TO PRACTICE ATHLETIC TRAINING IN OHIO

Profession (Select one)
○ Athletic Trainer

Application Type (Select one)
○ Examination
○ Endorsement
○ Reinstatement

INSTRUCTIONS, PLEASE READ:

A. Complete all relevant categories (type or print in ink).
B. Photo must be submitted with this application.
C. Fee must be submitted with application. (**Money Order/Cashier's Check** must be made payable to "**Treasurer State of Ohio**")

ALL LICENSURE APPLICATION FEES ARE NON-REFUNDABLE

**PLEASE READ: Provision of your social security number is mandatory and may be provided for child support enforcement purposes (ORC 3123.50) and for reporting requirements to the Federal Healthcare and Integrity Protection Data Bank (42 USC 132a-7e, 5 USC 552a, 45CFR pt. 61). In compliance with section 1347.05 (E) of the Revised Code, you are notified that failure to supply the information requested in this application may result in a denial of the application.

Section A: IDENTIFICATION INFORMATION			
First Name	**Middle Name**	**Last Name**	**Maiden Name**
Home Phone Number (with Area Code)		**Work or Alternate Phone Number (with Area Code)**	
Permanent Mailing Address			
City	**State**	**Zip**	**County**
****Social Security Number**	**Email Address** (Optional)		
Date Of Birth (mm/dd/yyyy)		**Place Of Birth** (City and State)	
Color of Hair	**Color of Eyes**	**Weight**	**Height**	**Gender** ○ Male ○ Female
According to rule 4755-44-01 of the Ohio Administrative Code, you must inform the Athletic Trainers Section in writing of any change of name, address, or employment within thirty days after the change.			

FOR OFFICE USE ONLY
Application Received
Amount $:
Money Order #:
Batch Number

Staple Passport Photograph Here

Photograph must be 2x2 inches in size, full face, front view, between 1 inch and 1 3/8 inches from the bottom of the chin to the top of the head. Background color white, off-white, or light blue. Photograph must be taken with the past 6 months. Sign back of photograph.

Section B: EDUCATION

Entry Level Athletic Training Education

Name and Location (City, State)	Certificate/ Degree	Dates Attended (MO/YR) From	To

Other Post High School Education

Please list all post-professional education and/or other colleges attended.

Name and Location (City, State)	Certificate/ Degree	Dates Attended (MO/YR) From	To

Section C: EXPERIENCE

(Starting with present position, list chronologically your work experience during the past ten years. If you are a new graduate list your field work experience. Please attach a separate page if necessary.)

DATES (MO/YR)		JOB TITLE, TYPE OF PRACTICE AND AVERAGE WORK HOURS PER WEEK	NAME AND ADDRESS OF EMPLOYER	PERFORMED AT DUTIES IN OHIO	
Start	End				
				YES	**NO**
				YES	**NO**
				YES	**NO**
				YES	**NO**
				YES	**NO**
				YES	**NO**

Section D: BACKGROUND INFORMATION

1. Licensure History: Do you currently hold or have ever held a **license, limited permit, certification, or registration** to practice athletic training or another healthcare profession in this state and/or another state. ○ **YES** ○ **NO** **If YES, Please complete the table below.**

2. List your State of initial licensure to practice a an athletic trainer:

STATE	LICENSE # / LIMITED PERMIT #	ISSUE DATE	EXPIRATION DATE

Section E: BACKGROUND QUESTIONS

Answer the following questions by initialing in appropriate space at the right. NOTE: Be advised that you are under a continuing obligation to supplement your answers to these questions should any answer change following submission of this application.	**YES**	**NO**
1. Have you ever been convicted of, found guilty of, pled guilty to, or received treatment in lieu of conviction for a felony and/or any offense involving moral turpitude in Ohio, another state, or a US territory?		
2. Have you ever been adjudged by a court, in Ohio, another state, or a US territory to be incompetent?		
3. Have you ever been denied licensure to practice as an athletic trainer, or another healthcare profession in Ohio, another state, or US territory?		
4. Have you ever been disciplined in any state or US territory in which you have ever held a license to practice as an athletic trainer, or any other healthcare profession?		
5. Have you used drugs, narcotics, or alcohol to the extent that it impairs you ability to practice athletic training or another healthcare profession?		

If the answer to any questions is "yes", please provide a written statement explaining the incident(s) and what state it occurred in and attach supporting documentation including but not limited to: *court records, police records, and/or documentation from other state licensing boards.* If you have been convicted of a felony, you must provide "certified "copies of the following court documents*: Indictment, Plea Entry, Disposition, Sentencing Entry, Terms of Parole or Probation, Parole or Probation and Release/Discharge*

_____

_____

_____

_____

Section F: ANTICIPATED PLACE OF EMPLOYMENT

If unknown at the time this application is completed, please put "Unknown")

Facility Name	Employment Starting Date
Facility Physical Address (include City, State, and Zip)	Title/Position
Name of Supervising Athletic Trainer License Number	Phone Number w/Area Code

Section G: CERTIFICATION OF APPLICANT

The section must be sworn to in the presence of a Notary Public or an officer authorized to administer oaths.

I, _____, certify that I am the person referred to in this application and that the foregoing statements are true in every respect, and that the attached photograph is a true likeness of myself.

I hereby authorize all my references; educational institutions; employers; business; professional organizations and associates - past, present, and future- to release to the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board any information requested by the Board in connection with the processing of this application or subsequent licensure.

In accordance with the Revised Code, section 1347.05(E) you are notified that failure to supply the information requested on the application may result in denial of the application.

I hereby certify to the Athletic Trainers Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board that I am not presently functioning and will not function as an athletic trainer or use any initials, titles or words which imply that I am licensed in Ohio to perform athletic training services until I am granted licensure by the Athletic Trainers Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board.

I further certify that if I accept employment in an athletic training setting in Ohio prior to licensure by the Athletic Trainers Section, I will perform only at the direction of a licensed athletic trainer and will only perform only duties which may be legally performed by "**UNLICENSED PERSONNEL**".

I further certify that if I hold an H-1B visa, I am not employed in any capacity that violates the terms of my H-1B visa.

I understand that the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board is authorized by law to initiate action against a person who unlawfully uses the words athletic trainer, athletic training, licensed athletic trainer, licensed trainer, or the letters A.T., L.A.T., or any other letters, words, abbreviations, or insignia indicating or implying that the individual is an athletic trainer unless the person holds a valid license under sections 4755.60 to 4755.65 of the Revised Code or implies by actions or otherwise engages in the practice of athletic training unless the individual holds a valid license under sections 4755.60 to 4755.65 of the Revised Code.

I understand that the Athletic Trainers Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board may refuse to grant licensure to me or suspend or revoke my license if I violate any provision of Section 4755.60 to 4755.65 of the Ohio Revised Code.

_____

Signature of Applicant Date

Section H: Notary Public please complete the following:

Subscribed and sworn to in my presence this _____ day of _____, Year_____.

_____ _____

Signature of Notary Date Commission Expires

Return This Document To:

Ohio OT PT AT Board
77 South High Street, 16th Floor
Columbus, OH 43215-6108

Notary Seal

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Athletic Trainers
Continuing Education Reporting Form

This continuing education reporting form must be completed by any person who is applying to reinstate an Ohio license. Athletic Trainers are required to complete a minimum of 25 contact hours, including one hour of ethics. Continuing education activities must be fulfilled for the two year period immediately preceding the date the Board receives the reinstatement application. Please provide **copies** of your certificates of completion. Original certificates will not be returned. If necessary, please attach an additional sheet of paper.

Full Name _____ **License Number: AT**_____

Ethics (A minimum of 1 hour is REQUIRED)

Name of Ethics Course/Activity	Date	# of Hours

Attending professional workshops, seminars and/or conferences
(A minimum of 5 hours must be earned in this category)

Name of Course/Activity	Date	# of Hours

Presentations of athletic training programs, workshops, or seminars
(A maximum of 10 hours may be earned in this category)

Name of Presentation/Activity	Date	# of Hours

Publication of original work in a state or national scientific journal or publication of related professional organization (A maximum of 20 hours may be earned in this category)

Name of Journal Article/Publication	Date	# of Hours

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Athletic Trainers
Continuing Education Reporting Form

Full Name _____ **License Number: AT**_____

Postgraduate courses
(A maximum of 20 hours may be earned in this category)

Name of Course/Activity	Date	# of Hours

Self study
(A maximum of 20 hours may be earned in this category)

Name of Self Study Activity	Date	# of Hours

Post-professional athletic training education program
(A maximum of 25 hours may be earned in this category)

Name of Course/Activity	Date	# of Hours

_____ _____
Applicant's Signature Date

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77 South High Street, 16th Floor
Columbus, OH 43215-6108
(614) 995-0816 (Fax)

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Employment History

This form must be completed by any person who is applying to reinstate an Ohio license. Attach additional sheets if necessary.

Section A

1. Have you worked as an OT, OTA, PT, PTA, or AT in Ohio since the license you are applying to reinstate expired?
   ○ Yes ○ No

2. During this time period, were you employed by a contract company/agency?
   ○ Yes (If yes, complete sections B, C, and D.) ○ No (If no, complete sections C and D.)

3. What type of license are you applying to reinstate? (Please provide Ohio license number)
   ○ OT # ○ OTA # ○ PT # ○ PTA # ○ AT #

Section B

If you were employed with a contract company/agency, you are required to list the details for each facility in Ohio where you provided OT, OTA, PT, PTA, or AT services, including the name of each person who supervised you and the dates you provided services at each facility.

Name of Contract Company/Agency:	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor's Name, Title, License Number (If Applicable):
Supervisor's e-mail address:	

Section C

Employment Information

Employer #1: (Company Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor's Name, Title, License Number (If Applicable):
Supervisor's e-mail address:	
List the specific date(s) you provided services at this facility:	

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Employment History

Employer #2: (Company Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor's Name, Title, License Number (If Applicable):
Supervisor's e-mail address:	
List the specific date(s) you provided services at this facility:	

Employer #3: (Company Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor's Name, Title, License Number (If Applicable):
Supervisor's e-mail address:	
List the specific date(s) you provided services at this facility:	

Section D

I, the undersigned, hereby certify that the information provided on the employment history form is accurate to the best of my knowledge.

Print Name

Type of License (OT, OTA, PT, PTA, AT)

Signature

Date

Return This Document To:
Ohio OT PT AT Board
77 South High Street, 16th Floor
Columbus, OH 43215-6108

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Verification of Licensure

This form must be completed by an official from each state where the applicant currently holds or has ever held a license to practice an occupational health profession. You may copy this form and forward it as needed. Please contact each state directly to determine their license verification process.

This section must be completed by the applicant. Please print or type.		
Name (First, Middle, Last):	Maiden Name:	
Name as it appears on this state's license, certificate, registration, or permit:		
Type of License/Certificate/Registration/Permit: ○ OT ○ OTA ○ PT ○ PTA ○ AT ○ Other _____	State	License Number
Social Security Number:	Date of Birth (mm/dd/yyyy):	

The Ohio OT PT AT Board requests that I submit evidence of my license/certification/registration/permit in your state. You are hereby authorized to release any information in your possession pertaining to me directly to the Ohio OT PT AT Board, 77 South High Street, 16th Floor, Columbus, Ohio, 43215-6108.

Applicant Signature _____ Date _____

This section must be completed by an administrative officer of the regulatory agency. Please print or type.			
State of Licensure :	License Number:	Original Issue Date:	Expiration Date:
Current Licensure Status: ○ Active ○ Inactive/Expired ○ Suspended/Revoked ○ Other (Explain)			
The license was issued on the basis of: ○ Examination ○ Endorsement ○ NBCOT or BOC ○ Grandfather ○ Other (Explain)			
Has the applicant's license to practice ever been restricted or disciplined in any way? If yes, please explain and attach any relevant documentation.			
Does the applicant have any pending complaints or is the applicant currently under investigation? If yes, please explain and attach any relevant documentation.			

Print Name _____ Title _____

Signature _____ Date _____

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Board Seal