

**Ohio OTPTAT Board
Athletic Trainers
Endorsement Application Instructions**

The **endorsement application** applies to any individual seeking licensure in Ohio who

- holds a current, valid license to practice as an athletic trainer in another state or U.S. territory **AND**
- has NEVER held a license to practice athletic training in Ohio

You may not practice athletic training in Ohio until you receive a license.

REQUIRED DOCUMENTS

Applicants are required to electronically upload documents to apply for licensure.

Document to Upload with your online application
Non-refundable application fee of \$100.00. Pay fee with online application. Acceptable forms of payment are: Master Card, Visa, or Discover.
Athletic Trainers Jurisprudence Exam Transcript Review the Ohio AT Practice Act. Then register on mycourse website to access the Ohio AT Jurisprudence Exam. From the mycourse course catalog, select the <i>Ohio AT Jurisprudence Exam for Licensure Applicants</i> and request that a transcript be sent. The minimum passing score is 90% or better.
Official Transcript(s) Upon program completion, applicant will request the official transcript from the academic program. The applicant is required to upload the official transcript(s) with online application. Read the Athletic Training Course Requirements and show proof of course areas listed on the appropriate Education Check List. If you have graduated from a CAATE accredited athletic training education program on or after January 1, 2004, you are not required to submit the Education Checklist. An official transcript is sufficient. Applicants do not need to mail in uploaded forms. Retain hard copy for your records.
Verification of Licensure You must provide an official verification from any jurisdiction in which you hold or have ever held a license, certification, or registration to practice athletic training or another health care profession. Jurisdiction means any state, U.S. territory, or foreign country. Upload the completed form with online application. If submitting verifications from multiple states, please scan all verifications into one pdf document, then upload one attachment to the online application.
Official Verification of BOC Certification You are required to contact the Board of Certification (BOC) to request an Official Electronic Verification. Upload the BOC Certification Verification with the online application. Your BOC Certification pocket id card will not be accepted. Retain hard copy for your records.
Applicants with Felony Convictions Please review the <i>Requirements for Applicants with Felony Convictions</i> document on the Board's website for information about information that should be submitted to expedite the processing of your application. Upload documentation to the online application.

These documents are required to be sent directly to the Ohio OTPTAT Board.

Documents that must be sent directly to the Board
Criminal records check Please review the <i>BCI/FBI Criminal Records Check Instructions</i> document on the Board's website for additional information. Please note that if your license is not issued within 6 months of the date the Board receives the criminal records check results, you will be required to submit new criminal records checks.

TO APPLY

Complete the online application through the Ohio elicense portal: <https://elicense.ohio.gov>

Failure to supply required information may result in denial of the application.

If your application remains incomplete for one year from the date it is received, your file will be closed.

Providing your Social Security Number for licensure is required by state & federal law.

AFTER YOU APPLY

Following submission and payment for your application, you will receive an email confirming your submission and payment. Once you have submitted your application you cannot make any changes to your application.

If you need to contact the Ohio OTPTAT Board, please visit: <http://otptat.ohio.gov/ContactUs.aspx>

Revised Dec 2018



Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board

77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

Governor
John R. Kasich

CRIMINAL RECORDS CHECK REQUIRED FOR INITIAL LICENSURE

Section 4755.70 of the Ohio Revised Code requires all individuals applying for a license issued by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board to submit fingerprints for a criminal records check completed by the Ohio Bureau of Criminal Identification and Investigation (BCI) and the Federal Bureau of Investigation (FBI).

Instructions for Individuals Residing in Ohio or Within 75 Miles of Ohio

Applicants residing in Ohio or within 75 miles of Ohio are required to utilize “WebCheck” to electronically submit their fingerprints to BCI. The Board will typically receive the results of a criminal records check submitted via “WebCheck” within 7 to 10 business days. In addition to the \$22 BCI fee and the \$24 FBI fee, the electronic fingerprinting company or law enforcement agency may charge its own fee to process the fingerprints.

Since the law requires applicants to submit a records check completed by both BCI and the FBI, you must use the services of a “WebCheck” vendor. The sheriff’s offices in most of Ohio’s 88 counties participate in “Webcheck.” A list of other “WebCheck” vendors in Ohio, arranged by county, is available online at:

<http://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck/Webcheck-Community-Listing>

When locating an electronic fingerprinting site on the webpage, please note that you must use the services of a vendor that has (BCI & FBI) listed after the vendor’s name. Only these entities participate in “WebCheck.” The Board does not endorse or recommend any specific electronic fingerprinting company.

You need both the BCI and FBI records check for initial licensure. By law, the Board cannot complete the processing of your application until it receives the background check reports from BCI and FBI.

Steps for “WebCheck”

1. Identify a “WebCheck” vendor that has **(BCI & FBI)** listed after the vendor’s name.
2. Tell the “Webcheck” vendor to select **“OT, PT, and Athletic Trainers Board”** from the Direct Copy dropdown list at the Webcheck workstation.
3. Request both a BCI and FBI criminal records check.
4. List the reason fingerprinted as: **Required for licensing per ORC 4755.70**
5. Agency Code: **1AB002 (if requested)**
6. Submit your fee directly to the “WebCheck” vendor. **Do not send your fingerprints or fee to the Board.**

Bring the following information with you to the Webcheck Vendor: (1) this notice; (2) a valid form of photo identification, and (3) payment, in the appropriate amount and form, payable to the vendor.

Revised July 2017

Instructions for Individuals Residing More than 75 Miles From Ohio

You must contact the Board at board@otptat.ohio.gov or 614-466-3774 to request that the Board mail you the appropriate forms to have your fingerprints taken at a local law enforcement agency. Please note, the Board will not mail these cards until after you submit an initial application for licensure. In addition, it takes the FBI 3 to 4 months to process ink rolled fingerprints. Since Ohio does not have temporary licensure, please take this delay into account. You may also elect to physically come to Ohio to have your fingerprints taken electronically to minimize the time it takes to process your application.

Additional Information for Individuals Who Previously Submitted Fingerprints to BCI

When an individual submits fingerprints to BCI for a criminal records check, BCI will keep the fingerprints on file for twelve (12) months. If less than one year has passed since the initial submission of fingerprints to BCI, the applicant can request that BCI run another check on the same fingerprints and run a new criminal records check report to be sent to the Board. In this situation, BCI charges the applicant \$8. You will need to provide BCI with the information identified above in the “Steps for WebCheck” section of this notice. If more than 12 months passed since you submitted your fingerprints to the BCI, you will need to submit new fingerprints and follow the steps identified in the first page of this notice.

This service only applies for the BCI check. Even if you previously submitted your fingerprints to the FBI, you will need to identify a “WebCheck” vendor that has (BCI & FBI) listed after the vendor’s name, submit new fingerprints, and request that the FBI criminal records check results be sent directly to the Board. You will need to bring this notice with you to the “WebCheck” vendor but will only need to request the FBI check.

Frequently Asked Questions

Question: I recently had an FBI records check completed for another purpose. Can I just use those results to meet the requirements of the Board?

Answer: No. The law requires that an applicant for an initial license from a licensing agency shall submit a request to the bureau of criminal identification and investigation for a criminal records check of the applicant. Upon completion of the criminal records check, the superintendent of BCI shall report the results of the check, and any information the FBI provides, to the licensing agency identified in the request for a criminal records check.

Question: How much time will this add to the licensure process?

Answer: The Board typically receives the criminal records check results approximately 7-10 days after you are electronically fingerprinted. For out-of-state applicants completing the ink-rolled fingerprints, it takes the FBI 3-4 months to process the fingerprints and submit the results of the criminal records check to the Board.

Question: What happens if I have a criminal history reported to the Board?

Answer: The Board will review the records related to the criminal history and determine if the offenses identified make you ineligible for licensure in Ohio.

Question: Will I need to submit a criminal records check to renew my license every two years?

Answer: No. The records check requirement does not apply to the biennial renewal process or to individuals reinstating an expired Ohio license.



State of Ohio

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

Athletic Training Course Requirements

The following is a listing of the courses that are required for licensure in Ohio. Individuals graduating from a CAAHEP/CAATE accredited athletic training program on or after January 1, 2004 automatically meet the educational requirements contained in law. You must provide proof of completion of each course listed on an official college/university transcript. Combining coursework or using more than one course to meet multiple course requirements is not acceptable. Continuing education courses and/or correspondence courses are not an acceptable way to meet any requirement listed below. A brief description of what is required for each course is listed after the course title.

Anatomy:

- The basics of human anatomy.

Physiology:

- The basics of human physiology.

Physiology of Exercise:

- In-depth examination of the effects of acute and chronic exercise on the human body.

Applied Anatomy/Kinesiology:

- Theory and clinical application of biomechanics, kinetics, and kinematics by Athletic Trainers in the prevention, evaluation, management, and rehabilitation of injuries.

Psychology:

- The application of the scientific method to behavior; topics include learning, motivation, perception, personality, physiological basis of behavior.

First Aid & Cardiopulmonary Resuscitation:

- First aid and emergency management of athletic injuries and illness.
- Copies of your current first aid and/or CPR certification may be used to fulfill this requirement.

Nutrition:

- Introduction to the basic principles of nutrition as they relate to exercise performance and body composition of athletes and the physically active.

Therapeutic Exercise, Remedial Exercise, Rehabilitation:

- Theory and clinical application of therapeutic exercise in the rehabilitation of upper and lower extremity injuries and illnesses by Athletic Trainers.
- Exercise testing for special populations; cardiac rehabilitation procedures; preventive exercise training programs.

Personal/Community/School Health:

- An introduction of the delivery of personal, school, or community health care in America.

Introductory Athletic Training and Advanced Athletic Training:

(The items listed below must be covered between the two courses)

- | | |
|-------------------------------------|--|
| • Modalities | • Basic Pre-Participation Evaluations |
| • Dealing with Athletic Populations | • Taping, Wrapping, Bandaging, and Bracing |
| • Nutritional Concerns | • Assistive Devices |
| • Environmental Concerns | • Mechanism of Injuries |
| • Protective Equipment | • Functional Testing |
| • Health Care | • Injury Assessment |
| • Training Room Management | • Injury Prevention |



State of Ohio

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

Education Check List A

This form must be completed by any individual who graduated prior to July 1, 2002.

Section I: This portion must be completed by the applicant. Please print or type.			
Name (First, Middle, Last):			
Name of School(s)			
Content Area	YES	NO	Course Name and Number on Transcript
<i>(Example): Human Anatomy</i>	X		<i>Human Anatomy – Bio 109</i>
ANATOMY			
PHYSIOLOGY			
PHYSIOLOGY OF EXERCISE			
APPLIED ANATOMY/KINESIOLOGY			
PSYCHOLOGY (ONE COURSE)			
FIRST AID & CARDIOPULMONARY RESUSCITATION			
NUTRITION			
THERAPEUTIC EXERCISE/REMEDIAL EXERCISE/REHABILITATION			
PERSONAL/COMMUNITY/SCHOOL HEALTH			
INTRODUCTORY ATHLETIC TRAINING			
ADVANCED ATHLETIC TRAINING			
Note:			

Return This Document To the Applicant:
The applicant will upload the completed form to:
<https://elicense.ohio.gov>



State of Ohio

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

Education Check List B

This form must be completed by any individual who graduated between July 2, 2002 and December 31, 2003.

Section I: This portion must be completed by the applicant. Please print or type.			
Name (First, Middle, Last):			
Name of School(s)			
Content Area	YES	NO	Course Name and Number on Transcript
<i>(Example): Human Anatomy</i>	X		<i>Human Anatomy – Bio 109</i>
HUMAN ANATOMY			
HUMAN PHYSIOLOGY			
THERAPEUTIC MODALITIES			
EXERCISE PHYSIOLOGY			
KINESIOLOGY / BIOMECHANICS			
PSYCHOLOGY (ONE COURSE)			
NUTRITION			
FIRST AID & EMERGENCY CARE			
THERAPEUTIC EXERCISE / REHABILITATION OF ATHLETIC INJURIES			
PERSONAL/COMMUNITY/SCHOOL HEALTH			
PREVENTION OF ATHLETIC INJURIES/ILLNESS			
EVALUATION OF ATHLETIC INJURIES/ILLNESS			
ADMINISTRATION OF ATHLETIC TRAINING PROGRAMS			
<i>Note:</i>			

Return This Document To the Applicant:

The applicant will upload the completed form to:

<https://elicense.ohio.gov>



State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Verification of Licensure

This form must be completed by an official from each jurisdiction where the applicant currently holds or has ever held a license, certification, or registration to practice an occupational health profession. Jurisdiction means any state, U.S. territory, or foreign country. You may copy this form and forward it as needed. Please contact each state directly to determine their license verification process. The Board will accept another state's verification of licensure form, provided that it contains the information requested below.

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: <input type="checkbox"/> OT <input type="checkbox"/> OTA <input type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> AT <input type="checkbox"/> LO <input type="checkbox"/> LP <input type="checkbox"/> LPO <input type="checkbox"/> LPED <input type="checkbox"/> Other _____	Jurisdiction	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 jurisdiction. You are hereby authorized to release any information in your possession pertaining to me directly to the Ohio OT PT AT Board. The jurisdiction must mail the completed form directly to the applicant.

Applicant Signature

Date

This section must be completed by an administrative officer of the regulatory agency. Please print or type.			
Licensure Jurisdiction:	License Number:	Original Issue Date:	Expiration Date:
Current Licensure Status: <input type="radio"/> Active <input type="radio"/> Inactive/Expired <input type="radio"/> Suspended/Revoked <input type="radio"/> Other (Explain)			
The license was issued on the basis of: <input type="radio"/> Examination <input type="radio"/> Endorsement <input type="radio"/> NBCOT or BOC or ABC <input type="radio"/> Grandfather <input type="radio"/> 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

Return This Document To the Applicant:
 The applicant will upload the completed form to:
<https://elicense.ohio.gov>

Board Seal



Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board

77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

Governor
John Kasich
Executive Director
Jeffrey M. Rosa

Requirements for Applicants with Felony Convictions

If you are applying for licensure in the State of Ohio and you were convicted of a felony, you must provide the Board with a signed statement describing the details of the event(s) that led to the felony conviction and certified copies of the following court records:

1. Indictment
2. Plea Entry
3. Disposition
4. Sentencing Entry
5. Terms of Parole or Probation
6. Parole or Probation Release/Discharge

Failure to provide these documents will result in a delay in the processing of your applications. If you have any questions about this requirement, please contact the Board at 614-466-3774 or board@otptat.ohio.gov.



State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board
Athletic Trainer's Section

Athletic Training Jurisprudence Examination Instructions

The Ohio AT Jurisprudence Exam is open book. You will need to download the Ohio Athletic Training Practice Act (Laws and Rules) before beginning this examination.

1. You will need to create a user profile to access the online Ohio AT Jurisprudence Exam. To create a user profile, click on the "New User" link in the upper right hand corner of the page accessed at the link below and complete the required information. The accuracy of this information will help ensure that the Board can match your exam results to your license application and/or your Ohio license.
2. On the Course Catalog page, select the box in the Enroll column next to the appropriate exam and click on the "Order now" button.

*Please select the "**Ohio AT Jurisprudence Exam For Licensure Applicants**" on the Course Catalog page if you are taking the exam as part of your licensure application.

*Please select the "**Ohio AT Jurisprudence Exam for CE Credit**" on the Course Catalog page if you are taking the exam for continuing education credit.

There is no additional fee to take the Jurisprudence Exam.

3. Once you complete the exam, you will see your score and will be prompted to send transcripts. The Board will automatically receive a copy of the transcript that you send to yourself. Make sure to: (1) check the box to add the course to your transcript; (2) enter your email address in the "E-mail Transcripts to:" box; (3) preview the transcript; and (4) send the transcript.

Please do not forget to request that the transcript be sent.

The Ohio AT Jurisprudence Exam can be accessed at <https://ohiootptatboard.myicourse.com>.