



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

Governor  
*Mike DeWine*  
Executive Director  
*Missy Anthony*

## ATHLETIC TRAINER COLLABORATION AGREEMENT

*Completed forms should be maintained in the records of the athletic trainer and each collaborating physician; they do not need to be filed with the OTPTAT Board.*

Supervising Physician Contact Information		
Supervising Physician Name (Last, First, Middle):		
Supervising Physician License Number:		
Official Mailing Address:		
City:	State:	ZIP Code:
Contact Person:	Phone:	
Email:		

Practice Location Information		
Practice Name:		
Address:		
City:	State:	ZIP Code:
Contact Person:	Phone:	
Email:		

**Collaboration Agreement Terms (Please Complete Questions 1 -3)**

(1) The duties and responsibilities to be fulfilled by the athletic trainer when engaging in activities of athletic training:

(2) Any limitations on the athletic trainer's performance of the activities when practicing athletic training:

(3) A plan of care for patients treated by the athletic trainer.

The Practice of Athletic Training under a collaboration agreement may include:

- (1) The prevention, examination, and athletic training diagnosis of injuries or emergent conditions resulting from physical activities that require physical skill and utilize strength, power, endurance, speed, flexibility, range of motion, or agility;
- (2) The complete management, treatment, disposition, and reconditioning of injuries or emergent conditions resulting from physical activities;
- (3) The provision of emergent care, therapeutic interventions, and rehabilitation for injuries or emergent conditions resulting from physical activities;
- (4) The promotion of and education about wellness;
- (5) The administration of drugs, including topical drugs, that have been prescribed by a licensed health professional authorized to prescribe drugs and are administered under the direction of the prescriber, except that an athletic trainer shall not administer intra-articular or intratendinous injections;
- (6) The performance of athletic training research;
- (7) The organization and administration of educational programs and athletic training facilities;
- (8) The education of and consulting with the public as it pertains to athletic training.

### Affidavit of Supervising Physician

The above statements are complete and accurate to the best of my knowledge. I have read and understand Chapters 4730 and 4755 of the Ohio Revised Code and the rules and regulations set forth by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board regarding Athletic Trainers and that as a Supervising Physician I assume legal liability for the services provided by the Athletic Trainers that are under my supervision.

I acknowledge that before initiating supervision of one or more athletic trainers, a physician shall enter into a collaboration agreement with each athletic trainer who will be supervised. A collaboration agreement shall be kept in the records maintained by the supervising physician and athletic trainer who entered into the agreement and the board may review the collaboration agreement for compliance.

I further agree that I will supervise any Athletic Trainer named in this application in accordance with the terms outlined in this application.

Supervising Physician Signature:	Date:
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### Athletic Trainer Signature Sheet

I (we) have read and agree to abide by the terms listed in this application and to practice under the supervision of the supervising physician named below.

Supervising Physician Name:
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Athletic Trainer Name:	License Number:
Signature:	Date: