

STATE OF MAINE  
**ATHLETIC TRAINERS**

**Application  
For**

**Athletic Trainer  
Student Athletic Training**



Department of Professional and Financial  
Regulation

Office of Licensing and Registration

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8624  
HEARING IMPAIRED (207) 624-8563

Office located at: 122 Northern Avenue, Gardiner, Maine

# APPLICATION INSTRUCTIONS

✓ Persons applying for Athletic Trainers licensure must complete the application and provide the following at the time of licensure:

- APPLICATION AND FEES** – Applicants must complete the application and pay a licensure fee of \$100 and an application fee of \$50.00; and **ALL FEES ARE NONREFUNDABLE**
- TRANSCRIPTS** - Provide a transcript(s) that contain college or university names, curriculum in athletic training or provide proof of completion of an athletic training education program approved by the National Athletic Trainers Association.
- CERTIFICATE** - Provide a copy of certificate if currently certified by the National Athletic Trainers Association; or, proof of passage of the National Athletic Trainers Association Board of Certification Examination.
- SBI form and separate check for \$8.00

✓ Persons applying for Student Athletic Trainers Permit must complete the enclosed application and provide the following:

- APPLICATION AND FEES** – Applicants must complete the application and pay a permit fee of \$100 and an application fee of \$50.00; and **ALL FEES ARE NONREFUNDABLE.**
- TRANSCRIPTS** - Provide a transcript that contains college or university names, curriculum in athletic training or provide proof of completion of an athletic training education program approved by the National Athletic Trainers Association.
- Supervisors affidavit for student athletic trainer (ATTACHMENT "A")**
- SBI form and separate check for \$8.00

THE STUDENT ATHLETIC TRAINERS PERMIT IS NOT RENEWABLE, AND BECOMES INVALID AFTER SIX (6) MONTHS, OR UPON FAILURE OF THE NATIONAL ATHLETIC TRAINERS ASSOCIATION BOARD OF CERTIFICATION EXAM, WHICH EVER COMES FIRST. IF THE PERMIT HOLDER PASSES THE EXAM WITHIN THE SIX (6) MONTH TERM, THE STUDENT ATHLETIC TRAINER MUST:

- APPLICATION AND FEES** – Complete the application for licensure and pay an initial licensure fee of \$100 and an application fee of \$50.00; and **ALL FEES ARE NONREFUNDABLE; and**
- CERTIFICATE** - Provide a copy of certificate provided if currently certified by the National Athletic Trainers Association; or, proof of passage of the National Athletic Trainers Association Board of Certification Examination.
- SBI form and separate check for \$8.00



State of Maine  
 Department of Professional  
 and Financial Regulation  
**Athletic Trainers**  
 35 State House Station  
 Augusta, Maine  
 04333-0035  
 (207) 624-8563 (Hearing Impaired)

ANGUS S. KING, JR.  
 GOVERNOR

ANNE L. HEAD  
 DIRECTOR

**APPLICATION FOR:**  **Athletic Trainer (1421)**  **Temporary Permit (1422)**

**Fee Schedule:** **\$50 application fee (1446)**  
**\$100 license fee**

**Fees maybe paid by credit card or by personal check made Payable to:**  
**"TREASURER, STATE OF MAINE"**

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

***Please complete both sides of this application. Please print or type.***

<b>Name:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone #: (____) _____ - _____</b>	
<b>Social Security #: (____)-(____)-(_____)</b>		<b>Date of Birth: _____</b>
<b>EMPLOYMENT INFORMATION</b>		
<b>FACILITY:</b>		<b>POSITION:</b>
<b>ADDRESS of EMPLOYMENT:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

**Athletic Trainers Application**

1. HAVE YOU BEEN DENIED INITIAL OR RENEWAL LICENSURE AS AN ATHLETIC TRAINER?

**YES**     **NO** IF YES, EXPLAIN ON A SEPARATE SHET OF PAPER.

2. HAVE YOU EVER FAILED AN EXAMINATION FOR LICENSURE AS AN ATHLETIC TRAINER?

**YES**     **NO** IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER.

3. HAS YOUR TRAINER LICENSE EVER BEEN REVOKED OR SUSPENDED IN ANOTHER JURISDICTION?

**YES**     **NO** IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER.

4. HAVE YOU EVER BEEN CONVICTED OF A CRIME IN ANY JURISDICTION?

**YES**     **NO** IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER.

*(Include date of conviction and nature of judgment or sentence).*

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorized all law enforcement agencies and official thereto to release to the Department any and all criminal history record information pertaining to myself.

Signature:	Date:
Printed Signature:	



ANGUS S. KING, JR.  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**ATHLETIC TRAINERS**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035  
(207) 624-8563 (HEARING IMPAIRED)

ANNE L. HEAD  
DIRECTOR

**AFFIDAVIT OF RESPONSIBILITY  
FOR  
SUPERVISION OF A  
STUDENT ATHLETIC TRAINER  
ATTACHMENT "A"**

I, \_\_\_\_\_ assume responsibility and liability in accordance  
Printed name of supervisor

with 32 M.R.S.A. Chapter 127-A Section 14360, for the supervisor of

\_\_\_\_\_, a graduate of an athletic training program  
Printed name of Student Athletic Trainer

approved by the Maine Department of Professional and Financial Regulation who is awaiting the results of the National Athletic Trainers Association examination. I affirm that I will inform the Department promptly of any change in my professional status or that of my supervisee during the ensuing six month period or until the examination results are published, whichever occurs first.

Signature: \_\_\_\_\_  
Signature of supervisor date

Place of Employment: \_\_\_\_\_

Telephone #: \_\_\_\_\_ AT#: \_\_\_\_\_



PRINTED ON RECYCLED PAPER

PHONE: (207)624-8624  
(Office Phone)

FAX: (207)624-8637

(207)624-8653 (HEARING IMPAIRED)  
OFFICES LOCATED AT: 122 NORTHERN  
AVENUE, GARDINER, MAINE



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF LICENSING & REGISTRATION  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

ANGUS S. KING, JR.  
GOVERNOR

ANNE L. HEAD  
DIRECTOR

TO: PROSPECTIVE APPLICANT  
FROM: OFFICE OF LICENSING & REGISTRATION  
RE: CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

***CRIMINAL HISTORY RECORDS CHECK PROCEDURE***

Attached is a form addressed to the Maine Department of Public Safety, Bureau of Identification. Please complete the applicant information section of the enclosed form and send it to the appropriate licensing board with your completed application and supporting documentation as may be necessary. **Do not send the request directly to the Department of Public Safety.**

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identifications to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

You must provide a separate check in the amount of \$8.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Please contact the board clerk at the number below if you have questions or need assistance.

**(Clerk Name and Phone Number)**

**Marlene McFadden  
(207)624-8624**



PRINTED ON RECYCLED PAPER

PHONE: (207)624-8624  
(Office Phone)

FAX: (207)624-8637

(207)624-8653 (HEARING IMPAIRED)  
OFFICES LOCATED AT: 122 NORTHERN  
AVENUE, GARDINER, MAINE



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
**ATHLETIC TRAINERS**  
 35 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0035  
 (207) 624-8563 (HEARING IMPAIRED)

ANGUS S. KING, JR.  
 GOVERNOR

ANNE L. HEAD  
 DIRECTOR

Department of Public Safety  
 State Bureau of Identification  
 42 State House Station  
 Augusta, ME 04333-0042

Pursuant to 25 M.R.S.A. §1541, sub-§6, The State Bureau of Identifications may charge a fee for all criminal history record check for the following individual. Enclosed is the required \$8.00 fee.

**APPLICANT INFORMATION**

<b>Name:</b> _____		
Last	First	Middle
<b>Address:</b> _____		
<b>Social Security/Federal I.D. #:</b> _____		<b>Date of Birth:</b> _____
<b>Any other names used:</b> _____		

Please return the criminal history record information or a notice of no record to the following:

**REQUESTING AGENCY INFORMATION  
 (Office Use Only)**

<b>Date:</b> _____	<b>Contact Person:</b> MARLENE MCFADDEN
<b>Agency Name &amp; Address:</b>	<b>Office of Licensing and Registration      Athletic Trainers      35 State House Station      Augusta, Maine 04333-0035</b>



PRINTED ON RECYCLED PAPER

PHONE: (207)624-8624  
 (Office Phone)

FAX: (207)624-8637

(207)624-8653 (HEARING IMPAIRED)  
 OFFICES LOCATED AT: 122 NORTHERN AVENUE,  
 GARDINER, MAINE



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
**ATHLETIC TRAINERS**  
 35 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0035  
 (207) 624-8563 (HEARING IMPAIRED)

ANGUS S. KING, JR.

GOVERNOR



ANNE L. HEAD

DIRECTOR



**AUTHORIZATION OF CREDIT CARD PAYMENT**

**Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.**

<b>Name:</b> (applicant fees being paid for)		
<b>Mailing Address:</b> (applicant fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>		<b>Telephone #:</b> ( ) -
<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa       MasterCard \_\_\_\_\_  
Card number

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ in the amount of: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PHONE: (207)624-8624  
 (Office Phone)



PRINTED ON RECYCLED PAPER

(207)624-8653 (HEARING IMPAIRED)

FAX: (207)624-8637