**North Carolina Board of Athletic Trainer Examiners**

P.O. Box 10769 • Raleigh, North Carolina 27605 • (919) 821-4980

# Reinstatement Application

*(Please Type or Print In Ink)*

| | | | | |
|---|---|---|---|---|
| 1. | Date: | | | |
| 2. | Name *(Last, First, & Middle)*: | | | |
| 3. | Home (Mailing) Address: | | | |
| | City / State / Zip | | | |
| 4. | Home Telephone: | | | |
| 5. | Home Email Address: | | | |
| 6. | Social Security Number: | | | |
| 7. | Date of Birth: | | | |
| 8. | Race: *(For Demographic Purposes Only)* | | | |
| 9. | Gender: *(For Demographic Purposes Only)* | | | |
| 10. | U.S. Citizen | ❑ yes ❑ no | | |
| 11. | North Carolina Resident | ❑ yes ❑ no | | |
| 12. | Legal Alien *(If Not U.S. Citizen)* | ❑ yes ❑ no | | |
| 13. | Place of Employment: | | | |
| | Starting Date: | | | |
| 14. | Title of Position: | | | CHOOSE CATEGORY ABOVE |
| 15. | Name of Supervisor: | | | |
| 16. | Employment Address: | | | |
| | City / State / Zip | | | |
| 17. | Employment Telephone: | | | |
| 18. | Employment Email Address: | | | |

**EMPLOYMENT CATEGORY**
**required**

- ❑ College/University
- ❑ Clinic
- ❑ Physician's Office/Medical Center
- ❑ Clinic/Outreach

  *MUST choose ONE of the following:*
  - ❑ <50% School Coverage
  - ❑ >50% School Coverage
  - ❑ Game Coverage Only
- ❑ Secondary School

  *MUST choose ONE of the following:*
  - ❑ Middle School
  - ❑ High School
- ❑ Professional Sports
- ❑ Other (Specify) _____

  _____

**North Carolina Board of**
**Athletic Trainer Examiners**

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## STATEMENT OF APPLICANT – REINSTATEMENT

I, _____ am fully aware that my license to practice Athletic Training
(NAME)

expired on ____/____/_____.
(DATE)

I ceased practicing Athletic Training on ____/____/_____.
(DATE)

Below please provide a written explanation as to what your involvement with the practice of Athletic Training has been since your license expired.

. . . . . .

. . . . . .

. . . . . .

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. . . . . .

. . . . . .

**FOR NOTARY PUBLIC**

### Certification and Notarization

STATE OF _____

COUNTY OF _____

The undersigned, being first duly sworn, hereby certifies that all information contained herein (including any attachments hereto) is true, complete and correct to the best of his/her knowledge and belief.

_____ _____

Signature of Applicant Date

Sworn to (or affirmed) and subscribed before me,

this _____ day of _____, 20_____.

_____

Signature of Notary Public

_____

Printed Name of Notary Public

My commission expires: _____. (NOTARY STAMP OR SEAL)

# CONTINUING EDUCATION HOURS LOG

Name: _____

Address: _____

_____

City/State/Zip: _____

Phone: _____

Date: _____

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | *Board Use Only* | | |
| **Doc #** | **Training Program/Location** | **Training Date** | **CEU** | **Clk. Hrs.** | **Approved Hours** | **Disappr. Code *** | **Board Member** |
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| **PAGE TOTALS:** | | | | | | | |

**You Must Attach Supporting Documentation to Receive Credit**

*Disapproval Codes:
(1) Insufficient explanation of course
(2) Insufficient documentation of attendances
(3) Training disapproved for credit
(4) Training Hours not specified on documentation

**www.ncbate.org**