



## North Carolina Board of Athletic Trainer Examiners

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

Dear Applicant:

This is the application for licensure as an Athletic Trainer in the state of North Carolina.

Please read and follow the instructions that are provided. If you fail to complete forms properly or do not submit the required items, you will receive a statement of deficiency from this office and no action will be taken until the deficiency has been corrected.

Before beginning practice as an Athletic Trainer, an applicant *must file a written protocol* with the North Carolina Medical Board. The Athletic Trainer and the physician shall sign and file a statement agreeing to abide by the protocol. Please return the protocol with the required signatures to the Board office. The Board will then handle the filing with the Medical Board. If your circumstances change regarding the protocol (e.g.: job change, relocation, etc.), *it is incumbent upon you to refile the protocol*.

**You may not perform any of the activities of an Athletic Trainer or hold yourself out as an Athletic Trainer without first obtaining a license and filing a protocol, unless you are otherwise exempt from the Act. To do otherwise is a misdemeanor offense.**

If you have any questions after reviewing the enclosed materials, please contact the Board at the number listed above.

Sincerely yours,

Paola Learoyd  
Executive Director



## North Carolina Board of Athletic Trainer Examiners

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### Application Information

#### Application Checklist

- Fee – \$200.00 (Make check payable to NC Board of Athletic Trainer Examiners)
- Application Form
- BOC Certificate or Card (copy)
- Two (2) Affidavits of Moral Character
- Applicant Agreement
- Official College/University Transcript with School Seal or copy of diploma showing degree in Sports Medicine or Athletic Training
- Verification of Licensure (if licensed in other states)
- Copy of this Checklist
- Protocol
- Photograph

#### Instructions

In completing the application packet, please note the following:

- Applications not completed in their entirety will be deferred until all documentation is submitted. This includes all documentation listed above in the checklist with proper notarization.
- All fees are to be made payable to the NC Board of Athletic Trainer Examiners. The initial licensure fee is \$200.00. The renewal fee is \$75.00 per year.
- The photograph must be a “passport style photograph” taken within the past six months.
- The name on the application must match the name on the driver’s license or Social Security card. Abbreviations, nicknames and/or alterations will not be accepted. If your present name is different from the name on any of the required documentation, it will be necessary for you to submit a copy of the legal document supporting the name change; for example, a marriage license or divorce decree.
- Please be sure to read the Athletic Trainers Act and Rules included in this application *before* completing application forms. Use additional pages if necessary. **Type or print legibly.**
- Official notification of your status will be made in writing. You will receive notification of approval or request for additional information.
- All mail will be sent to the address you designate as your home address on the application. If the address changes, any new address should be submitted to the administrative office *in writing*. The office cannot be responsible for mail not received due to an incorrect address on file.
- All submissions should be sent to the North Carolina Board of Athletic Trainer Examiners, Post Office Box 10769, Raleigh, NC 27605. Inquiries may be directed to Paola Learoyd, Executive Director, (919) 821-4980.



**North Carolina Board of  
Athletic Trainer Examiners**

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

**Application for Licensure**

*(Please Type or Print In Ink)*

|     |   |   |                             |                       |                              |                             |
|-----|---|---|-----------------------------|-----------------------|------------------------------|-----------------------------|
| 1.  | Date:   |   |                             |                       |                              |                             |
| 2.  | Name ( <i>Last, First, &amp; Middle</i> ):        |   |                             |                       |                              |                             |
| 3.  | Home (Mailing) Address:                           |   |                             |                       |                              |                             |
|     | City / State / Zip                                |   |                             |                       |                              |                             |
| 4.  | Home Telephone:                                   | <p><b>EMPLOYMENT CATEGORY<br/>required</b></p> <p><input type="checkbox"/> College/University</p> <p><input type="checkbox"/> Clinic</p> <p><input type="checkbox"/> Physician's Office/Medical Center</p> <p><input type="checkbox"/> Clinic/Outreach</p> <p><i>MUST choose ONE of the following:</i></p> <p><input type="checkbox"/> &lt;50% School Coverage</p> <p><input type="checkbox"/> &gt;50% School Coverage</p> <p><input type="checkbox"/> Game Coverage Only</p> <p><input type="checkbox"/> Secondary School</p> <p><i>MUST choose ONE of the following:</i></p> <p><input type="checkbox"/> Middle School</p> <p><input type="checkbox"/> High School</p> <p><input type="checkbox"/> Professional Sports</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p>_____</p> |                             |                       |                              |                             |
| 5.  | Home Email Address:                               |   |                             |                       |                              |                             |
| 6.  | Social Security Number:                           |   |                             |                       |                              |                             |
| 7.  | Date of Birth:                                    |   |                             |                       |                              |                             |
| 8.  | Race:<br><i>(For Demographic Purposes Only)</i>   |   |                             |                       |                              |                             |
| 9.  | Gender:<br><i>(For Demographic Purposes Only)</i> |   |                             |                       |                              |                             |
| 10. | U.S. Citizen                                      |   |                             |                       | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 11. | North Carolina Resident                           |   |                             |                       | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 12. | Legal Alien ( <i>If Not U.S. Citizen</i> )        | <input type="checkbox"/> yes  | <input type="checkbox"/> 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 History:** (List in chronological order beginning with current employer all jobs held in the field of Athletic Training, including job titles, employer names, full addresses and telephone numbers and dates of employment.)

| Job Title | Dates of Employment | Employer Name | Full Address & Phone Number |
|-----------|---------------------|---------------|-----------------------------|
|           |                     |               |                             |
|           |                     |               |                             |
|           |                     |               |                             |
|           |                     |               |                             |
|           |                     |               |                             |
|           |                     |               |                             |

Attach additional page if needed.

19. Have you ever been convicted of any violations of law (except minor traffic violations)? If yes, attach a full explanation.

Yes     No

20. Are you now using or have you ever excessively used alcohol, narcotics, barbiturates and/or habit-forming drugs?

If yes, attach a full explanation.

Yes     No

21. Has any court ever declared you mentally incompetent? If yes, attach a full explanation.

Yes     No

22a. Are you currently certified by the Board of Certification (BOC)?

Yes     No

BOC certification number (if applicable): \_\_\_\_\_

22b. Are you currently a member of the National Athletic Trainers Association, Inc. (NATA)?

Yes     No

NATA membership number (if applicable): \_\_\_\_\_

23. Are you currently licensed or have you ever held a license in another state in the field of Athletic Training?

- Yes     No

If yes, what state(s)? \_\_\_\_\_

(If yes, a Verification of Licensure must be completed by the state regulatory agency from each state in which you hold or ever held a license to practice. If yes, give license number(s), title(s), and the name(s) of the jurisdiction(s) issuing the license(s) or certificate(s). Attach separate sheets for this list.)

24. Have you ever been denied a license, registration or certificate in athletic training or any other health field? If yes, state briefly on attached sheets the reason(s).

- Yes     No

25. Have you ever had your license, registration or certificate revoked, cancelled or suspended? If yes, state briefly on attached sheets the reason(s).

- Yes     No

| <b>Copy of Social Security Card or Driver's License</b> | <b>Passport Photograph</b> |
|---|----------------------------|
|   |                            |

*Complete form and return to:*

North Carolina Board of Athletic Trainer Examiners  
Post Office Box 10769  
Raleigh, NC 27605



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**Record of Educational Training**

**Education:** (List in chronological order, beginning with high school, the name and location of each institution attended, amount of time attended and year of graduation, if applicable.)

| Institution/Location | Dates Attended | Diploma/Degree/Major/Year |
|----------------------|----------------|---------------------------|
|                      |                |                           |
|                      |                |                           |
|                      |                |                           |
|                      |                |                           |
|                      |                |                           |
|                      |                |                           |

**Specialized Training:** Please indicate the following that apply to you regarding specialized or advanced training:

- BOC Certified Athletic Trainer Certification # \_\_\_\_\_
- NATA Membership # \_\_\_\_\_
- Physical Therapy (PT) State: \_\_\_\_\_ License # \_\_\_\_\_
- APTA Board Certified Sports Physical Therapists (SCS)
- NSCA Certified Strength & Conditioning Specialist (CSCS) Certification # \_\_\_\_\_
- Emergency Medical Technician
- EMT-B     EMT-1     EMT-P     National Register
- Paramedic
- Nurse
- RN LPN
- Other (please list, attaching extra sheets if necessary) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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## Verification of Licensure

This form must be completed by the state regulatory agency in each state from which you hold or ever held a license to practice.

Name of Applicant: \_\_\_\_\_

License Number: \_\_\_\_\_

Profession in which license was issued: \_\_\_\_\_

Date License issued: \_\_\_\_\_  Current  Not Current

If not current, explain why: \_\_\_\_\_  
\_\_\_\_\_

Date of disciplinary action (if applicable): \_\_\_\_\_

Reasons for disciplinary action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

License issued on the basis of: \_\_\_\_\_

I hereby certify that this information is correct to the best of my knowledge and that based on records available to me, the applicant was competent to practice while licensed in this state.

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Official  
(Seal)

\_\_\_\_\_  
Name of Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



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*All applicants must have this form completed by a person not related to the applicant*

**Affidavit of Moral Character**

To the North Carolina Board of Athletic Trainer Examiners:

I hereby state that I have been personally acquainted with \_\_\_\_\_

for \_\_\_\_\_ months/years and am not related to \_\_\_\_\_.

To the best of my knowledge and belief, s/he is of good standing in the profession and is of good moral character. I hereby recommend this person as being in all respects worthy to be licensed to practice athletic training in North Carolina.

\_\_\_\_\_  
(Signature of Affiant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

(Print or Type)

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

(SEAL) My commission expires: \_\_\_\_\_

***Forward This Completed Form To:***

NC Board of Athletic Trainer Examiners  
Post Office Box 10769  
Raleigh, NC 27605



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**Applicant Agreement**

*Please read carefully*

In making application to the North Carolina Board of Athletic Trainer Examiners for the issuance of a license as an Athletic Trainer, I have read and agree to abide by the Act and Administrative Rules of Athletic Trainers. I also agree to complete all application requirements and take all examinations applicable, necessary for the processing of my application. I am aware of the fees and understand that fees must be paid prior to the issuance of a license and to keep the license current.

I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation, suspension or cancellation of that license, I shall return the license and license identification card to the Board.

The information that I have provided in this application is truthful. I understand that providing false information of any kind may result in the voiding of this application and the denial of or the revocation of my license.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day the above named applicant personally appeared before me known to me to be the person whose name is subscribed to the foregoing instrument and, having been by me first duly sworn on oath, acknowledged that s/he had executed the same for the purpose and considerations therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public in and for \_\_\_\_\_ County, North Carolina or \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Name of Notary) **NOTARY**

\_\_\_\_\_  
(Commission Expiration Date) **SEAL**

The State of \_\_\_\_\_ County of \_\_\_\_\_

***Forward This Completed Form To:***

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Post Office Box 10769  
Raleigh, NC 27605



## North Carolina Board of Athletic Trainer Examiners

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# S A M P L E

## Licensed Athletic Trainer Protocol

### I. Prevention

- A. Educate the appropriate patient(s) about risks associated with participation and specific activities using effective communication techniques to minimize the risk of injury and illness.
- B. Interpret pre-participation and other relevant screening information in accordance with accepted guidelines to minimize risk of injury and illness.
- C. Instruct the appropriate patient(s) about standard protective equipment by using effective communication techniques to minimize risk of injury and illness.
- D. Apply appropriate prophylactic/protective measures by using commercial products or custom-made devices to minimize risk of injury and illness.
- E. Identify safety hazards associated with activities, activity areas, and equipment by following accepted procedures and guidelines in order to make appropriate recommendations and to minimize the risk of injury and illness.
- F. Maintain clinical and treatment areas by complying with safety and sanitation standards to minimize risk of injury and illness.
- G. Monitor participants and environmental conditions by following accepted guidelines to promote safe participation.
- H. Facilitate physical conditioning by designing and implementing appropriate programs to minimize injury risk.
- I. Facilitate healthy lifestyle behaviors using effective education, communication, and intervention risk of injury and illness and promote wellness.

### II. Clinical Evaluation and Diagnosis

- A. Obtain a history through observation, interview, and/or review of relevant records to assess the pathology and extent of the injury, illness or condition.
- B. Inspect the involved area(s) visually to assess the pathology and extent of the injury, illness, or health-related condition.
- C. Palpate the involved area(s) using standard techniques to assess the pathology and extent of the injury, illness, or health-related condition.
- D. Perform specific tests in accordance with accepted procedures to assess the pathology and extent of the injury, illness, or health-related condition.
- E. Formulate a clinical impression by interpreting the signs, symptoms, and predisposing factors of the injury, illness, or health-related condition to determine the appropriate course of action.
- F. Educate the appropriate patient(s) about the assessment by communicating information about the current or potential injury, illness, or health-related condition to encourage compliance with recommended care.
- G. Share assessment findings with other healthcare professionals using effective means of communication to coordinate appropriate care.

### III. Immediate Care

- A. Employ life-saving techniques through the use of standard emergency procedures in order to reduce morbidity and the incidence of mortality.

- B. Prevent exacerbation of non-life threatening condition(s) through the use of standard procedures in order to reduce morbidity.
- C. Facilitate the timely transfer of care for conditions beyond the scope of practice of the athletic trainer by implementing appropriate referral strategies to stabilize and/or prevent exacerbation of the condition(s)
- D. Direct the appropriate patient(s) in standard immediate care procedures using formal and informal methods to facilitate immediate care.
- E. Execute the established emergency action plan using effective communication and administration practices to facilitate efficient immediate care.
- F. In the event of a serious injury, the following procedures will apply:
  - 1. Call 911 to activate the EMS for transport to an emergency facility.
  - 2. If not present at the athletic event the team physician will be called and made aware of the situation.

#### **IV. Treatment, Rehabilitation, and Reconditioning**

- A. Administer therapeutic and conditioning exercise(s) using standard techniques and procedures in order to facilitate recovery, function, and/or performance.
- B. Administer therapeutic modalities using standard techniques and procedures in order to facilitate recovery, function, and/or performance.
- C. Apply braces, splints, or assistive devices in accordance with appropriate standards and practices in order to facilitate recovery, function, and/or performance.
- D. Administer treatment for general illness and/or conditions using standard techniques and procedures to facilitate recovery, function, and/or performance.
- E. Reassess the status of injuries, illnesses, and/or conditions using standard techniques and documentation strategies in order to determine appropriate treatment, rehabilitation, and/or reconditioning and to evaluate readiness to return to a desired level of activity.
- F. Educate the appropriate patients in the treatment, rehabilitation, and reconditioning of injuries, illness, and/or conditions using applicable methods and materials to facilitate recovery, function, and/or performance.
- G. Provide guidance and/or counseling for the appropriate patient(s) in the treatment, rehabilitation, and reconditioning of injuries, illnesses and /or conditions through communication to facilitate recovery, function, and performance.

#### **V. Organization and Administration**

- A. Establish action plans for response to injury or illness using available resources to provide the required range of healthcare services for patients, athletic activities, and events.
- B. Establish policies and procedures for the delivery of healthcare services following accepted guidelines to promote safe participation, timely care, and legal compliance.
- C. Establish policies and procedures for the management of healthcare facilities and activity areas by referring to accepted guidelines, standards, and regulations to promote safety and legal compliance.
- D. Manage human and fiscal resources by utilizing appropriate leadership, organization, and management techniques to provide efficient and effective healthcare services.
- E. Maintain records using an appropriate system to document services rendered, provide for continuity of care, facilitate communication, and meet legal standards.
- F. Develop professional relationships with appropriate patients and entities by applying effective communication techniques to enhance the delivery of healthcare.

#### **VI. Professional Responsibility**

- A. Demonstrate appropriate professional conduct by complying with applicable standards and maintaining continuing competence to provide quality athletic training services.
- B. Adhere to statutory and regulatory provisions and other legal responsibilities relating to the practice of athletic training by maintaining and understanding of these provisions and responsibilities in order to contribute to the safety and welfare of the public.
- C. Educate appropriate patients and entities about the role and standards of practice of the athletic trainer through informal and formal means to improve the ability of those patients and entities to make informed decisions.
- D. Perform other specified tasks as directed by the physician

Athletic Trainer: \_\_\_\_\_

Team/Organization: \_\_\_\_\_

The undersigned physician and athletic trainer agree to abide by this protocol:

\_\_\_\_\_  
Print or Type Name of Physician

\_\_\_\_\_  
Print or Type Name of Athletic Trainer

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Signature of Athletic Trainer

\_\_\_\_\_  
Physician Address

\_\_\_\_\_  
Employment Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Business Telephone

\_\_\_\_\_  
Business Telephone

S A M P L E O N L Y



# AN ACT TO LICENSE ATHLETIC TRAINERS.

The General Assembly of North Carolina enacts:

**Section 1. Chapter 90 of the General Statutes is amended by adding a new Article to read:**

## **ARTICLE 34. Athletic Trainers.**

### **§ 90-522. Title; purpose.**

- (a) This Article may be cited as the “Athletic Trainers Licensing Act”.
- (b) The practice of athletic trainer services affects the public health, safety, and welfare. Licensure of the practice of athletic trainer services is necessary to ensure minimum standards of competency and to provide the public with safe athletic trainer services. It is the purpose of this Article to provide for the regulation of persons offering athletic trainer services. (1997-387, s. 1.)

### **§ 90-523. Definitions.**

The following definitions apply in this Article:

- (1) Athletes.— Members of sports teams, including professional, amateur, and school teams; or participants in sports or recreational activities, including training and practice activities, that require strength, agility, flexibility, range of motion, speed, or stamina.
- (2) Athletic trainer. – A person who, under a written protocol with a physician licensed under Article 1 of Chapter 90 of the General Statutes and filed with the North Carolina Medical Board, carries out the practice of care, prevention, and rehabilitation of injuries incurred by athletes, and who, in carrying out these functions, may use physical modalities, including heat, light, sound, cold, electricity, or mechanical devices related to rehabilitation and treatment. A committee composed of two members of the North Carolina Medical Board and two members of the North Carolina Board of Athletic Trainer Examiners shall jointly define by rule the content, format, and minimum requirements for the written protocol required by this subdivision. The members shall be selected by their respective boards. The decision of this committee shall be binding on both Boards unless changed by mutual agreement of both Boards.
- (3) Board. – The North Carolina Board of Athletic Trainer Examiners as created by G.S. 90-524.
- (4) License. – A certificate that evidences approval by the Board that a person has successfully completed the requirements set forth in G.S. 90-528 entitling the person to perform the functions and duties of an athletic trainer. (1997-387, s. 1.)

### **§ 90-524. Board of Examiners created.**

- (a) The North Carolina Board of Athletic Trainer Examiners is created.
- (b) Composition and Terms. – The Board shall consist of seven members who shall serve staggered terms. Four members shall be athletic trainers certified by the National Athletic Trainers’ Association Board of Certification, Inc. One member shall be a licensed orthopedic surgeon, one member shall be a licensed family practice physician or pediatrician, and one member shall represent the public at large.

The initial Board members shall be selected on or before August 1, 1997, as follows:

- (1) The General Assembly, upon the recommendation of the President Pro Tempore of the Senate, shall appoint two certified athletic trainers and an orthopedic surgeon. The certified athletic trainers shall serve for terms of three years, and the orthopedic surgeon shall serve for a term of one year.
- (2) The General Assembly, upon the recommendation of the Speaker of the House of Representatives, shall appoint two certified athletic trainers and a family practice physician or pediatrician. The certified athletic trainers and the family practice physician or pediatrician shall serve for terms of two years.
- (3) The Governor shall appoint for a three-year term a public member to the Board.

Upon the expiration of the terms of the initial Board members, each member shall be appointed for a term of three years and shall serve until a successor is appointed. No member may serve more than two consecutive full terms.

- (c) **Qualifications.** – The athletic trainer members shall hold current licenses and shall reside or be employed in North Carolina. They shall have at least five years' experience as athletic trainers, including the three years immediately preceding appointment to the Board, and shall remain in active practice and in good standing with the Board as a licensee during their terms. The first athletic trainers appointed to the Board pursuant to this section shall be eligible for licensure under G.S. 90-529 and, upon appointment, shall immediately apply for a license.
- (d) **Vacancies.** – A vacancy shall be filled in the same manner as the original appointment, except that all unexpired terms of Board members appointed by the General Assembly shall be filled in accordance with G.S. 120-122 and shall be filled within 45 days after the vacancy occurs. Appointees to fill vacancies shall serve the remainder of the unexpired term and until their successors have been duly appointed and qualified.
- (e) **Removal.** – The Board may remove any of its members for neglect of duty, incompetence, or unprofessional conduct. A member subject to disciplinary proceedings as a licensee shall be disqualified from participating in the official business of the Board until the charges have been resolved.
- (f) **Compensation.** – Each member of the Board shall receive per diem and reimbursement for travel and subsistence as provided in G.S. 93B-5.
- (g) **Officers.** – The officers of the Board shall be a chair, who shall be a licensed athletic trainer, a vice-chair, and other officers deemed necessary by the Board to carry out the purposes of this Article. All officers shall be elected annually by the Board for one-year terms and shall serve until their successors are elected and qualified.
- (h) **Meetings.** – The Board shall hold at least two meetings each year to conduct business and to review the standards and rules for improving athletic training services. The Board shall establish the procedures for calling, holding, and conducting regular and special meetings. A majority of Board members constitutes a quorum. (1997-387, s. 1.)

#### **§ 90-525. Powers of the Board.**

The Board shall have the power and duty to:

- (1) Administer this Article.
- (2) Issue interpretations of this Article.
- (3) Adopt, amend, or repeal rules as may be necessary to carry out the provisions of this Article.
- (4) Employ and fix the compensation of personnel that the Board determines is necessary to carry into effect the provisions of this Article and incur other expenses necessary to effectuate this Article.
- (5) Examine and determine the qualifications and fitness of applicants for licensure, renewal of licensure, and reciprocal licensure.
- (6) Issue, renew, deny, suspend, or revoke licenses and carry out any disciplinary actions authorized by this Article.
- (7) In accordance with G.S. 90-534, set fees for licensure, license renewal, and other services deemed necessary to carry out the purposes of this Article.
- (8) Conduct investigations for the purpose of determining whether violations of this Article or grounds for disciplining licensees exist.
- (9) Maintain a record of all proceedings and make available to licensees and other concerned parties an annual report of all Board action.
- (10) Develop standards and adopt rules for the improvement of athletic training services in the State.
- (11) Adopt a seal containing the name of the Board for use on all licenses and official reports issued by it. (1997-387, s. 1.)

#### **§ 90-526. Custody and use of funds; contributions.**

- (a) All fees payable to the Board shall be deposited in the name of the Board in financial institutions designated by the Board as official depositories and shall be used to pay all expenses incurred in carrying out the purposes of this Article.
- (b) The Board may accept grants, contributions, devises, and gifts that shall be kept in a separate fund and shall be used by it to enhance the practice of athletic trainers. (1997-387, s. 1; 2011-284, s. 65.)

**§ 90-527. License required; exemptions from license requirement.**

- (a) On or after January 1, 1998, no person shall practice or offer to practice as an athletic trainer, perform activities of an athletic trainer, or use any card, title, or abbreviation to indicate that the person is an athletic trainer unless that person is currently licensed as provided by this Article.
- (b) The provisions of this Article do not apply to:
  - (1) Licensed, registered, or certified professionals, such as nurses, physical therapists, and chiropractors if they do not hold themselves out to the public as athletic trainers.
  - (2) A physician licensed under Article 1 of Chapter 90 of the General Statutes.
  - (3) A person serving as a student-trainer or in a similar position under the supervision of a physician or licensed athletic trainer.
  - (4) An athletic trainer who is employed by, or under contract with, an organization, corporation, or educational institution located in another state and who is representing that organization, corporation, or educational institution at an event held in this State.
  - (5) Boxing trainers, if they do not hold themselves out to the public as athletic trainers. (1997-387, s. 1.)

**§ 90-528. Application for license; qualifications; issuance.**

- (a) An applicant for a license under this Article shall make a written application to the Board on a form approved by the Board and shall submit to the Board an application fee along with evidence that demonstrates good moral character and graduation from an accredited four-year college or university in a course of study approved by the Board.
- (b) The applicant shall also pass the examination administered by the National Athletic Trainers' Association Board of Certification, Inc.
- (c) When the Board determines that an applicant has met all the qualifications for licensure and has submitted the required fee, the Board shall issue a license to the applicant. A license is valid for a period of one year from the date of issuance and may be renewed subject to the requirements of this Article. (1997-387, s. 1.)

**§ 90-529. Athletic trainers previously certified.**

The Board shall issue a license to practice as an athletic trainer to a person who applies to the Board on or before August 1, 1998, and furnishes to the Board on a form approved by the Board proof of good moral character, graduation from an accredited four-year college or university in a course of study approved by the Board, and a current certificate from the National Athletic Trainers' Association Board of Certification, Inc. (1997-387, s. 1.)

**§ 90-530. Athletic trainers not certified.**

- (a) A person who has been actively engaged as an athletic trainer since August 1, 1994, and who continues to practice up to the time of application, shall be eligible for licensure without examination by paying the required fee and by demonstrating the following:
  - (1) Proof of good moral character.
  - (2) Proof of practice in this State since August 1, 1994.
  - (3) Proof of graduation from an accredited four-year college or university in a course of study approved by the Board.
  - (4) Fulfillment of any other requirements set by the Board.

An application made pursuant to this section shall be filed with the Board on or before August 1, 1998.

- (b) A person is "actively engaged" as an athletic trainer if the person is a salaried employee of, or has contracted with, an educational institution, an industry, a hospital, a rehabilitation clinic, or a professional athletic organization or another bona fide athletic organization and the person performs the duties of an athletic trainer. (1997-387, s. 1.)

**§ 90-531. Reciprocity with other states.**

A license may be issued to a qualified applicant holding an athletic trainer license in another state if that state recognizes the license of this State in the same manner. (1997-387, s. 1.)



- (7) Having been convicted of or pled guilty or no contest to an offense under State or federal narcotic or controlled substance laws.
- (b) In accordance with Article 3A of Chapter 150B of the General Statutes, the Board may require remedial education, issue a letter of reprimand, restrict, revoke, or suspend any license to practice as an athletic trainer in North Carolina or deny any application for licensure if the Board determines that the applicant or licensee has committed any of the above acts or is no longer qualified to practice as an athletic trainer. The Board may reinstate a revoked license or remove licensure restrictions when it finds that the reasons for revocation or restriction no longer exist and that the person can reasonably be expected to practice as an athletic trainer safely and properly. (1997-387, s. 1.)

**§ 90-537. Enjoining illegal practices.**

If the Board finds that a person who does not have a license issued under this Article claims to be an athletic trainer or is engaging in practice as an athletic trainer in violation of this Article, the Board may apply in its own name to the Superior Court of Wake County for a temporary restraining order or other injunctive relief to prevent the person from continuing illegal practices. The court may grant injunctions regardless of whether criminal prosecution or other action has been or may be instituted as a result of a violation. (1997-387, s. 1.)

**§ 90-538. Penalties.**

A person who does not have a license issued under this Article who either claims to be an athletic trainer or engages in practice as an athletic trainer in violation of this Article is guilty of a Class 1 misdemeanor. Each act of unlawful practice constitutes a distinct and separate offense. (1997-387, s. 1.)

**§ 90-539. Reports; immunity from suit.**

A person who has reasonable cause to suspect misconduct or incapacity of a licensee, or who has reasonable cause to suspect that a person is in violation of this Article, shall report the relevant facts to the Board. Upon receipt of a charge, or upon its own initiative, the Board may give notice of an administrative hearing or may, after diligent investigation, dismiss unfounded charges. A person who, in good faith, makes a report pursuant to this section shall be immune from any criminal prosecution or civil liability resulting therefrom. (1997-387, s. 1.)

**§ 90-540. No third-party reimbursement required.**

Nothing in this Article shall be construed to require direct third-party reimbursement to persons licensed under this Article. (1997-387, s. 1.)

**§§ 90-541 through 90-599.**

**Reserved for future codification purposes.**

# NORTH CAROLINA ADMINISTRATIVE CODE

## TITLE 21 — OCCUPATIONAL LICENSING BOARDS

### CHAPTER 3 — NORTH CAROLINA BOARD OF ATHLETIC TRAINER EXAMINERS

#### SECTION .0100 B — LICENSURE

##### 21 NCAC 03 .0101 APPLICATION FOR LICENSURE

- (a) An application for licensure shall be completed on the forms provided by the Board and shall include
- (1) Proof of having passed the examination administered by the National Athletic Trainers' Association Board of Certification, Inc., by enclosing a copy of the certification card.
  - (2) Evidence of good moral character.
  - (3) A copy of the diploma from a college or university in Sports Medicine or Athletic Training or a transcript showing the following courses of study or substantially similar courses of study: Human Anatomy, Human Physiology, Kinesiology/Biomechanics, Psychology, Exercise Physiology, Prevention of Athletic Injuries, Evaluation of Athletic Injuries, First Aid and Emergency Care, Therapeutic Modalities, Therapeutic Exercise, Personal Community Health, Nutrition and Administration of Athletic Training Programs.
- (b) The license issuance fee shall accompany the application.

*History Note:* Authority G.S. 90-525; 90-528; 90-529; 90-530;  
Temporary Adoption Eff. March 16, 1998;  
Eff. May 1, 1999.

##### 21 NCAC 03 .0102 GOOD MORAL CHARACTER

Evidence of good moral character shall be shown by two affidavits from persons not related to the applicant.

*History Note:* Authority G.S. 90-525; 90-528; 90-529; 90-530;  
Temporary Adoption Eff. March 16, 1998;  
Eff. May 1, 1999.

##### 21 NCAC 03 .0103 ATHLETIC TRAINERS NOT CERTIFIED

Proof of practice in the State shall be shown by an employer verification on a form provided by the Board.

*History Note:* Authority G.S. 90-525; 90-530;  
Temporary Adoption Eff. March 16, 1998;  
Eff. May 1, 1999.

#### SECTION .0200 FEES

##### 21 NCAC 03 .0201 FEES

- (a) The following fees are payable to the Board by cash, check or money order:
- |   |          |
|---|----------|
| (1) License issuance fee                | \$200.00 |
| (2) License renewal fee                 | \$75.00  |
| (3) Reinstatement of lapsed license fee | \$100.00 |
- (b) Copies of any public documents filed in the Board Office are available at the "actual cost" as defined in G.S. 132-6.2(b) for making the copy and the mailing cost if applicable. The Board shall provide its "actual cost" on the Board website.

*History Note: Authority G.S. 90-525; 90-534;  
Temporary Adoption Eff. March 16, 1998;  
Eff. May 1, 1999;  
Amended Eff. August 1, 2012.*

#### **21 NCAC 03 .0202          SUSPENSION OF AUTHORITY AND ESCROW OF FUNDS**

The Board shall file the annual reports set forth in G.S. 93B-2 no later than October 31 of each year. In the event the Board fails to file the reports as required by G.S. 93B-2 and the Board's authority to expend any funds is suspended until such time as the Board files the required reports, the Board shall deposit any fees or funds received during the period of suspension into an escrow account established by the Board solely for this purpose.

*History Note: Authority G.S. 90-525; 93B-2;  
Eff. July 1, 2012.*

### **SECTION .0300—RENEWAL OF LICENSE**

#### **21 NCAC 03 .0301          RENEWAL REQUEST FORM**

Requests for license renewal shall be submitted on the form provided by the Board.

*History Note: Authority G.S. 90-525; 90-532;  
Temporary Adoption Eff. March 16, 1998;  
Eff. May 1, 1999.*

#### **21 NCAC 03 .0302          CONTINUING EDUCATION**

- (a) Continuing education courses appropriate for license renewal are those in one or more of the following content areas: Human Anatomy, Human Physiology, Kinesiology/Biomechanics, Psychology, Exercise Physiology, Prevention of Athletic Injuries, Evaluation of Athletic Injuries, First Aid and Emergency Care, Therapeutic Modalities, Therapeutic Exercise, Personal Community Health, Nutrition, and Administration of Athletic Training Programs.
- (b) A licensee shall complete 75 contact hours of continuing education during a three-year license renewal period. Contact hours are defined as the number of actual clock hours spent. One semester hour of credit is equivalent to 10 contact hours.
- (c) Licensed athletic trainers who fail to document sufficient appropriate continuing education to renew their licenses shall be notified in writing of the deficiency and shall be allowed 45 days to respond. Continuing education may not be undertaken during this period to supplement the deficiency. The licenses of athletic trainers who fail to respond within the 45-day period, or who are unable to provide sufficient continuing education shall lapse and be subject to the lapsed license requirements.

*History Note: Authority G.S. 90-525; 90-533;  
Temporary Adoption Eff. March 16, 1998;  
Eff. May 1, 1999;  
Amended Eff. January 1, 2007.*

#### **21 NCAC 03 .0303          LAPSED LICENSE**

- (a) The lapsed license may be renewed within a period of five years after expiration upon payment of the lapsed license fee and the completion of 25 contact hours of continuing education for each year that the license has lapsed.
- (b) A license that has lapsed for more than five years shall be renewed upon payment of the lapsed license fee and the completion of 28 hours of continuing education for each year that the license has lapsed.

*History Note: Authority G.S. 90-525; 90-532;  
Temporary Adoption Eff. March 16, 1998;  
Eff. May 1, 1999.*

**21 NCAC 03 .0304 BOARD APPROVAL OF COURSES**

The Board shall approve any of the following programs or courses:

- (1) Those provided by a college or university authorized to grant degrees.
- (2) Those sponsored by the North Carolina Athletic Trainers' Association.
- (3) Those that the Board is satisfied meet the requirement if G.S. 90-533.

*History Note: Authority G.S. 90-525; 90-533;  
Temporary Adoption Eff. March 16, 1998;  
Eff. May 1, 1999.*

**21 NCAC 03 .0305 RESERVED FOR FUTURE CODIFICATION**

**21 NCAC 03 .0306 RESERVED FOR FUTURE CODIFICATION**

**21 NCAC 03 .0307 RESERVED FOR FUTURE CODIFICATION**

**21 NCAC 03 .0308 RESERVED FOR FUTURE CODIFICATION**

**21 NCAC 03 .0309 RESERVED FOR FUTURE CODIFICATION**

**21 NCAC 03 .0310 ARMED SERVICES EXTENSION FOR CREDENTIAL**

Upon receipt of a written request by or on behalf of a licensed athletic trainer who is currently in good standing with the Board, is serving in the armed forces of the United States, and to whom G.S. 105-249 authorizes an extension of time to file a tax return, the Board shall postpone renewal fees, renewal application deadlines, continuing education requirements and any other requirements or conditions related to the maintenance of the credential issued by the Board or to the renewal thereof for the same period of time as the extended period of time to file a tax return that is granted pursuant to G.S. 93B-15.

*History Note: Authority G.S. 90-525; 93B-15;  
Eff. July 1, 2012.*

**SECTION .0400 B — DISCIPLINARY PROCEDURES**

**21 NCAC 03 .0401 DISCIPLINARY ACTIONS**

Board disciplinary actions may include the following:

- (1) Reprimand. Reprimand is a public rebuke for misconduct as an athletic trainer.
- (2) Restriction. Restriction is a stay of suspension or revocation allowing limited practice within conditions stipulated by the Board.
- (3) Suspension. Suspension is the withdrawal of the privilege to practice for a specified time.
- (4) Revocation. Revocation is the withdrawal of the privilege to practice as a licensed athletic trainer in the State of North Carolina.

*History Note: Authority G.S. 90-525; 90-536;  
Temporary Adoption Eff. March 16, 1998;  
Eff. May 1, 1999.*

## SECTION .0500 B — ATHLETIC TRAINER PROTOCOL

### 21 NCAC 03 .0501 MINIMUM REQUIREMENTS

The practice protocol for each athletic trainer pursuant to G.S. 90-523(2) shall be a general outline of practices for which the athletic trainer has been trained and shall be individualized to accommodate the skills of the athletic trainer. The practice protocol shall not allow the athletic trainer to undertake medical diagnosis or to prescribe or dispense prescription drugs or prescription devices. The practice protocol shall not allow the athletic trainer to independently provide treatments for athletes with fractures, head or spinal injuries, or other serious medical conditions, except the athletic trainer may render appropriate first aid or emergency care. The protocol shall specify provisions for physician involvement in the event of serious injuries. The athletic trainer and the physician shall sign and file a statement with the North Carolina Medical Board agreeing to abide by the protocol. The format of the protocol shall be typewritten on letter size paper.

*History Note: Authority G.S. 90-523; 90-525;  
Temporary Adoption Eff. March 16, 1998;  
Eff. May 1, 1999.*