

Oregon Health Licensing Agency

Board of Athletic Trainers



700 Summer St. NE, Suite 320
 Salem, OR 97301-1287
 Phone: (503) 378-8667
 Fax: (503) 370-9004
 Web Site: <http://www.oregon.gov/ohla/at>
 E-mail: ohla.info@state.or.us

QUALIFICATION APPLICATION

1. Applicant Information

APPLICANT NAME	LAST	FIRST	MIDDLE INTIAL
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RESIDENTIAL ADDRESS

CITY	STATE	ZIP
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MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)

CITY	STATE	ZIP
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HOME TELEPHONE	BUSINESS TELEPHONE	E-MAIL
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GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	BIRTHDATE / /	SOCIAL SECURITY NUMBER (REQUIRED)
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Have you ever been known under any other name? YES NO

If yes, list full name(s):

Do you hold or have you previously held licensure, certification or registration with the Oregon Health Licensing Agency?
 YES NO - If yes, please document your license / certification / registration number and expiration date below.

LICENSE / CERTIFICATION / REGISTRATION #	EXPIRATION DATE (MM/DD/YYYY)

2. Individual Records Questions

• Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a certificate, license, permit or registration imposed by any licensing or regulatory authority in this or any other state? (Disciplinary action includes, but is not limited to, probation, civil penalties, limiting in any way, of a license, certificate, registration or permit.)
 NO YES If yes, please explain:

• Have you ever been convicted of a misdemeanor or felony?
 NO YES If yes, please explain:

Complete the reverse side of this application →

Do not write in this section – Official use only

Initials _____ OTC Verified ID

As part of your application for initial or renewed occupational, professional or recreational license, certification, or registration issued by the Oregon Health Licensing Agency, you are required to provide your Social Security number to the Oregon Health Licensing Agency. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide your Social Security number will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your Social Security number is used for child support enforcement and tax administration purposes (including identification) only, unless you authorize other uses of the number. Although a number other than your Social Security number appears on the face of the licenses, certificates, or registrations issued by the Oregon Health Licensing Agency, your Social Security number will remain on file with the Oregon Health Licensing Agency.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of certification. I have enclosed the required fees and documentation. I understand my application may be subject to a criminal background check. I authorize the use of my Social Security number for that purpose. If registered to practice in Oregon, I will comply with the laws and rules adopted by the Oregon Health Licensing Agency.

ALL PARTS OF THIS FORM MUST BE COMPLETE BEFORE SIGNING. Call the Oregon Health Licensing Agency (OHLA) if you have any questions. Incomplete applications will be returned. Use "N/A" to indicate information that is not applicable. This information will be used by OHLA to conduct a criminal history check, a background investigation, and to document your qualifications.

Applicant Signature: _____ **Date:** _____

APPLICATION CHECK LIST

Method of Payment: Cash Check Money Order Purchase Order

Payment by Credit Card: Visa Master Card Discover -(Card owner must either be the applicant or present with the application.)

Name on Card: _____ Credit Card Number: _____

Expiration Date: _____ CVV2 Number: _____ Authorized Amount: _____

Card Holder Signature: _____

- Application fee - \$100
- Front and back valid verification of one of the following: **Driver's license, State ID card, Passport or Military ID card.**
- Official documentation of a passing score: Verification from the Board of Certification for Athletic Trainers (BOC), or a copy of current certification from (BOC), or documentation of successful completion of an equivalent examination approved or recognized by the board.
- Copy of current and valid cardiopulmonary resuscitation certification (CPR).
- Completed, signed and dated application.

Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action Policy. If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action programs. This will also be used for research and statistical purposes.

Ethnic Background (check only one)

- (A) **Asian or Pacific Islander:** Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- (B) **African American (not of Hispanic origin):** Persons having origins in any of the black ethnic groups.
- (H) **Hispanic:** Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.
- (I) **Native American or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- (W) **Caucasian (not of Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.