Colorado Division of Professions and Occupations
Office of Licensing—Athletic Trainer
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800 / Fax: (303) 894-7693
www.dora.colorado.gov/professions

APPLICATION FOR REINSTATEMENT—ATHLETIC TRAINER

APPLICANT INSTRUCTIONS

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as an Athletic Trainer in this state without a Colorado registration. Submission of this application does not guarantee registration. Therefore, do not make life or career decisions based on the probability that you may receive a registration. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

Basic Requirements. Requirements for registration are outlined in the Colorado Revised Statutes 12-29.7-112, and the Rules and Regulations of the Office of Athletic Trainer Registration. Both are available online at www.dora.colorado.gov/professions/athletictrainers.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and specific supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that one be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address, phone numbers, and contact information up-to-date in our database. All letters, renewal notices, and registrations are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Online Services at www.colorado.gov/professions/onlineservices.

Registration Expiration Grace Period for Applicants. All applicants who are issued a registration within 120 days of the upcoming renewal expiration date will be issued a registration with the subsequent expiration date. For example, registrations issued between August 1, 2013, and November 30, 2013, will reflect a registration expiration date of November 30, 2015. Registrations issued prior to August 1, 2013, will reflect an expiration date of November 30, 2013, and must renew in the upcoming renewal period.

- ✓ All Athletic Trainer registrations expire on November 30 of odd-numbered years and must be renewed to continue practicing.

Checking Your Application Status. Visit Online Services at www.dora.colorado.gov/professions/onlineservices to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

APPLICANT CHECKLIST

To apply to reinstate your expired Colorado **Athletic Trainer** registration:

☐ **Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.

☐ **Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to *State of Colorado*.** All fees are **non-refundable** and subject to change every July 1.

☐ **Complete and return the attached Affidavit of Eligibility form.** Pursuant to C.R.S .24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.

☐ **Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).

Return your completed application packet and all supporting documentation to:

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Reinstatement Application
ATHLETIC TRAINER
Fee: $45

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

Colorado Athletic Trainer Registration Number: _____ **Date Registration Expired:**_____

PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	**Date of Birth** (mm/dd/yyyy)**:**	**Gender:** ☐ *Male* ☐ *Female*	
Place of Birth (city and state, or foreign country)**:**			
Mailing Address: *This is a* ☐ *Home* ☐ *Business*	PO Box, Street: City, State, Zip:		
Daytime Telephone Number: ( )	**E-mail Address:** *Preferred method for communication:* ☐ *Mail* ☐ *E-mail*		

PART 2—REGISTRATION/LICENSE INFORMATION

Since the date your Colorado registration expired, have you been practicing as an Athletic Trainer in the state of Colorado? ☐ YES ☐ NO

Since the date your Colorado registration expired, have you been practicing as an Athletic Trainer in another jurisdiction? ☐ YES ☐ NO

List each jurisdiction in which you are or have been registered/licensed as an Athletic Trainer (if needed, attach an additional sheet in the same format). If not applicable, enter N/A.

State	Registration/License Number	Year registration/ license issued	Disciplinary action against registration/license?	Is this registration/license current/active?
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO

*Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in Title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's Social Security Number. Disclosure of your Social Security Number is mandatory for purposes of establishing, modifying, or enforcing child support under Section 14-14-113 and Section 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by Section 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR Sections 61.1 *et seq*. Failure to provide your Social Security Number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your Social Security Number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your Social Security Number will not be released for any other purpose not provided for by law.

PART 3—MILITARY QUESTIONS

1.	Are you a Member of the U.S. military? ➢ If **YES**, provide information below:	☐ YES ☐ NO
Branch:	Duty Station:	
2.	Are you the spouse of an active duty military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another state? ➢ If **YES**, refer to the *Military Spouse Exemption Form* available on our website at: www.dora.colorado.gov/professions/military.	☐ YES ☐ NO

PART 4—SCREENING QUESTIONS

You must provide the following for each "YES" response to the screening questions below:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
  - Date(s) of event/offense
  - Description of event/offense
  - Location/court
  - Current status/outcome.

You may be required to provide the following:

- Copies of legal documents relating to the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

1.	Are there any pending complaints against you in any other jurisdiction?	☐ YES ☐ NO
2.	Has any disciplinary action ever been taken against you as an Athletic Trainer, or any athletic training registration/license, or any other health care professional license which you now hold or have ever held?	☐ YES ☐ NO
3.	In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as an Athletic Trainer safely and competently including but not limited to bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder?	☐ YES ☐ NO
4.	Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as an Athletic Trainer safely and competently?	☐ YES ☐ NO
5.	Have you ever been convicted of, pled guilty or *nolo contendere* to, or accepted a deferred judgment or deferred prosecution to the following:	
	• A felony charge?	☐ YES ☐ NO
	• Any conviction, including misdemeanors, related to your practice as an Athletic Trainer?	☐ YES ☐ NO

APPLICANT NAME: _____

PART 5—CONTINUING EDUCATION AND COMPETENCY TO PRACTICE
Complete only if you are reinstating to ACTIVE status

If your license has been expired **two (2) years or more** from the date your reinstatement application is received in the Division of Professions and Occupations:

☐ Verification of an active license to practice as an athletic trainer in good standing from another state, along with proof of an active athletic trainer practice in that state for a minimum of 400 hours per year for the (2) years immediately preceding the receipt date of the application.

—OR—

☐ Completion of 48 hours of continuing education (CE) within two (2) years immediately preceding application receipt, and that the CE meets the requirements of the Director.

-OR-

☐ Retake and achieve a passing score on the Board of Certification, Inc. examination within three (3) years immediately preceding the receipt date of the application;

—OR—

☐ Supervised practice for a period of no less than six (6) months. This supervisor must be pre-approved;

—OR—

☐ Any other means approved by the Board.

*Registrations expired for five or more years are not eligible to use CE's and must complete one of the above means to demonstrate competency.

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature **Date**