



**State of Maine  
Department of Professional & Financial Regulation  
Office of Professional & Occupational Regulation**

**INDIVIDUAL LICENSE APPLICATION**

<b>APPLICANT INFORMATION</b> (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FAX # ( )	E-MAIL	
<b>CRIMINAL BACKGROUND DISCLOSURE</b>			
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>			
1. <b>Have you ever been convicted by any court of any crime? (circle one)</b> <b>NO</b> <b>YES</b>			
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.			
2. <b>Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)</b> <b>NO</b> <b>YES</b>			
If yes, enclose a detailed explanation and copies of all documents.			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional & Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
<b>SIGNATURE</b>		<b>DATE</b>	

<b>Athletic Trainer Program</b>	
<b>Required Fee: \$196. (includes criminal records check fee)</b>	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p align="center">LICENSE TYPE:</p> <p><input type="checkbox"/> ATHLETIC TRAINER (AT1421)</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>NATA Certification Number, as it appears on your current card:</p> <p>_____</p> </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p><b>Office Use Only:</b></p> <p>1421 - \$150.</p> <p>1446 - \$25.</p> <p>2619 - \$21.</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p align="right"><i>Office Use Only:</i></p> <p>Check # _____</p> <p>Amount: _____</p> <p>Cash # _____</p> <p>Lic. # _____</p> <p>Issue Date _____</p> <p>Exp. Date _____</p> </div>

<b>PAYMENT OPTIONS:</b>			
Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
<b>SIGNATURE</b>		<b>DATE</b>	

**Education**

Name of School	Date of Graduation	Major	Degree Awarded

**Credentialing History**

Have you ever held a professional license/certification/registration in this or any other state/country?

[ ] YES [ ] NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

**Affirmation**

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
 OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
**Athletic Trainers**  
 35 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0035

Paul R. LePage  
 Governor

Anne L. Head  
 Director

**VERIFICATION OF LICENSURE FORM**  
**(for use by applicants licensed or certified in another jurisdiction)**  
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The applicant listed below is applying to practice as an athletic trainer in the State of Maine. The Athletic Trainers Program requests written verification from all states that the applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise.

**Directions to applicant:**

Complete page 1 of this form and forward pages 1 and 2 to the state where you hold a current license to practice. Because some states charge a fee to complete this form, you should check with each state before mailing. All fees are the responsibility of the applicant. If verification is needed for more than one (1) state, please copy form as needed.

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:		Date:

**Directions to State Board:**

Complete Page 2 of this form and return pages 1 and 2 to the following:

**U.S.P.S. Mailing Address:** Athletic Trainers, 35 State House Station, Augusta, Maine 04333-0035

**Courier/Delivery Address:** Athletic Trainers, 76 Northern Avenue, Gardiner, Maine 04345



PRINTED ON RECYCLED PAPER

**VERIFICATION OF LICENSURE**

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Name of Licensee:		License Type:	
License Number:		Date Issued:	
Is License Current? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expiration Date:	
Exam taken (if any):		Date Exam Passed:	
If no examination was taken, how was licensure obtained? <input type="checkbox"/> Grandfathered <input type="checkbox"/> Endorsement from which state _____			
What were the requirements for education at the time the license was issued?:			
Are there any pending complaints against this licensee? If yes, please explain:		[ ] Yes    [ ] No	
Have there been any other actions taken against this licensee? If yes, please explain:		[ ] Yes    [ ] No	
Is the licensee considered to be in good standing in your state? If no, please explain:		[ ] Yes    [ ] No	
State Board Seal	Signature: _____		
	Printed Name: _____		
	Title: _____		
	State: _____    Phone Number _____		
	Date: _____		

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

**What if I have other questions?** Visit our website at: <http://www.maine.gov/pfr/professionallicensing/professions/trainers/> or contact the office at Tel. 207/624-8603 or e-mail: [athletic.trainers@maine.gov](mailto:athletic.trainers@maine.gov)

### NOTICES

**BACKGROUND 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 Professional & Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(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 §191.

#### Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.

**Please read the laws governing the licensure and practice of Athletic Trainers prior to submitting your application. These are available at the following website:**

<http://www.maine.gov/pfr/professionallicensing/professions/trainers/laws.htm>

**Please include the following with your application:**

- A transcript with your college or university name, your year of graduation, and curriculum in athletic training, or proof of completion of an athletic training education program approved by the National Athletic Trainers Association.
- A copy of your certificate, if you currently are certified by the National Athletic Trainers Association, or proof of having passed the National Athletic Trainers Association Board of Certification Examination. (If using this application for renewal, you may instead provide your membership number, as it appears on your current card.)