

FOR BOARD USE ONLY
 Amount Submitted _____
 Date _____
 Receipt # _____



FOR BOARD USE ONLY
 Certificate Number _____
 Date Issued _____
 Applicant No. _____

GEORGIA BOARD OF ATHLETIC TRAINERS

237 Coliseum Drive, Macon, Georgia 31217

Phone: (404) 424-9966 * sos.ga.gov/georgia-board-athletic-trainers

REQUEST FOR INACTIVE STATUS
Application Fee: NONE

INSTRUCTIONS: See Board Rule, Chapter 53-6-04(4) for procedures to apply for reactivation of license.

- A licensee may apply for inactive status by submitting an affidavit to the Board requesting inactive status and affirming that while on inactive status he/she will not practice athletic training in Georgia or hold themselves out to the public as an athletic trainer in Georgia. The licensee shall not display a copy of any license pocket card or decorative wall certificate during the period that the license is in an inactive status. See Board Rule, Chapter 53-6-.04 (3).
- While the athletic trainer's license is classified as inactive, that athletic trainer shall not be required to obtain continuing education. Board Rule, Chapter 53-6-.04(1).
- A licensee may maintain his/her license on inactive status for no more than five years. If the licensee does not apply to reactivate his/her license before the end of the five-year period, the license will be revoked for failure to reactivate. In order to obtain a new license, a person whose license has been revoked for failure to reactivate must apply for licensure by examination following the procedure set out in Chapter 53-3. Board Rule, Chapter 53-6-.04(2).

PERSONAL DATA (Please print or type)

Name: _____
 (Please Print Clearly) Last First Middle (Maiden)

Name in which the license was originally issued (if different): _____

Home Address: _____
 Street (P.O. Box, not acceptable) Apt. No. City State Zip Code

SOCIAL SECURITY NUMBER: _____
 (THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§ 19-11-1 & 20-3-295 U.S.C.A §§ 551, 20 & 1001)

TELEPHONE NUMBER (DAY) _____ **TELEPHONE NUMBER (EVENING)** _____

DATE OF BIRTH: ____/____/____ **EMAIL ADDRESS** _____

Note: Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Your email address will not be shared with any third party.

AFFIDAVIT

I hereby attest that I am currently the holder of Athletic Trainer License Number _____ and I request that this license be placed on inactive status. I will not practice as an athletic trainer in Georgia or hold myself out to the public as an athletic trainer in Georgia for the period during which this license is on inactive status and until such time as the Board has approved my application to reactivate or reinstate this license.

_____/_____/_____ _____
Date **Signature of Licensee**

Sworn to and subscribed before me this
 _____ **day of** _____, 20____.

 Notary Public
 My Commission Expires: _____

NOTARY SEAL