



# GEORGIA BOARD OF ATHLETIC TRAINERS

237 COLISEUM DRIVE  
MACON, GEORGIA 31217-3858  
(404) 424-9966

## VERIFICATION OF LICENSURE FOR OUT OF STATE APPLICANTS

**APPLICANT:** Complete Part I and submit the entire form to all states where you have held a license. Please note that you must contact the state(s) in advance to determine if there are any fees associated with the completion of this form. Remit the necessary payment to that state along with this form.

PART I		
I, _____, do hereby authorize the _____ BOARD OF ATHLETIC TRAINERS to furnish the requested information to the Georgia Board of Athletic Trainers.		
_____	_____	_____
DATE	SIGNATURE	LICENSE NUMBER

~~APPLICANT—DO NOT WRITE BELOW THIS LINE—FOR LICENSING AGENCY USE ONLY~~

**LICENSING AGENCY USE ONLY:** The above named applicant has requested licensure with the Georgia Board of Athletic Trainers. To meet the current statutory requirements, the Board is requests verification of the applicant's licensure status within your state. Please submit the completed form to the above address.

PART II	
NAME:	_____
NAME OF SCHOOL:	_____
YEAR GRADUATED:	_____
LICENSE NUMBER ISSUED:	_____
LICENSE ISSUE DATE:	_____
LICENSE EXPIRATION DATE:	_____
LICENSED BY: EXAMINATION _____	ENDORSEMENT _____ GRANDFATHER CLAUSE _____
LICENSE STATUS: ACTIVE _____	EXPIRED/LAPSED _____ INACTIVE _____
IS THE LICENSE IN GOOD STANDING? YES _____	NO _____
HAS THE LICENSE EVER BEEN DISCIPLINED, REVOKED OR SUSPENDED? YES _____	NO _____
IS THERE ANY DEROGATORY INFORMATION OR CURRENT INVESTIGATION? YES _____	NO _____
REMARKS:	_____ _____ _____
(Please attach a certified copy of any public sanctions.)	
(Board Seal)	SIGNATURE: _____
	TITLE: _____
	BOARD ADDRESS: _____
	_____
	_____
	DATE: _____