

**PLEASE SEPARATE THIS FORM, GIVE IT TO YOUR EMPLOYER TO COMPLETE, AND ASK THE EMPLOYER TO MAIL THIS FORM DIRECTLY TO THE BOARD:**

**GEORGIA BOARD OF ATHLETIC TRAINERS, 3920 ARKWRIGHT RD., SUITE 195, MACON, GA 31210**

## GEORGIA BOARD OF ATHLETIC TRAINERS

### VERIFICATION OF EMPLOYMENT

Instructions:

1. Applicant: complete Section I and sign.
2. Submit this form to your most employer (**Personnel Director, Human Resources Department**) who can provide verification of your practice as an athletic trainer, student-trainer, assistant-trainer, or similar position.

### Section I (To be completed by applicant)

Printed Name of Applicant: \_\_\_\_\_  
Last First Middle Maiden

Applicants Address: \_\_\_\_\_  
Street City State Zip Code

**RELEASE:** I do hereby consent to and authorize the release of any and all records and information concerning my employment as an Athletic Trainer to the Georgia Board of Athletic Trainers. I understand this information is required as part of the application for licensure process

\_\_\_\_\_  
Applicant Name Printed

\_\_\_\_\_  
Applicant Signature

### **APPLICANT – DO NOT WRITE BELOW THIS LINE:**

### Section II (To be completed by person verifying employment)

Instructions:

1. Complete Section II of this form.
2. Athletic Trainer, student-trainer, assistant-trainer, or similar position employment must have been for compensation.
3. Mail the form directly to Board office. **Do not give to applicant. Mail to: Georgia Board of Athletic Trainers, 237 Coliseum Drive, Macon, Georgia 31217-3858**

1. Name of Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Physical Address of Location: \_\_\_\_\_  
(City/State/Zip Code)

3. Applicant's Position/Title: \_\_\_\_\_

4. Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

5. Physical Location of practice (mobile, contract, or same as above): \_\_\_\_\_

6. Printed name and title of person verifying employment: \_\_\_\_\_  
(Name) (Title)

**Sworn to and subscribed before me this**

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Notary Public Signature  
My commission expires: \_\_\_\_\_

(notary seal)