



MISSISSIPPI STATE DEPARTMENT OF HEALTH

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Dear Applicant:

Enclosed you will find the forms necessary for you to apply for licensure as an Athletic Trainer. It is strongly suggested that you read the Regulations prior to filling out the application, and then examine the directions entitled "**STEPS TO LICENSURE**" to see which forms are appropriate for you.

Please note the following:

- (a) Applications not completed in their entirety will be returned, minus the application fee, which is non-refundable.
- (b) The photograph must be a "passport photo."
- (c) The name on the application must match the name on the driver's license or Social Security Card. We will not accept nicknames, abbreviations, or alterations.
- (d) All fees are to be made payable to the Mississippi State Department of Health.

If you have any questions regarding the above, please contact our office as follows:

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
PROFESSIONAL LICENSURE-ATHLETIC TRAINER  
P.O. BOX 1700  
JACKSON, MS 39215-1700  
(601) 364-7360

**Please be advised that it is illegal for any person, corporation or association to, in any manner, represent himself or itself as a athletic trainer, send out billings as providing athletic training services, or use in connection with his or its name, the titles "athletic trainer", "trainer", "certified athletic trainer", or "licensed athletic trainer" or use the letters "LAT", "ATC", "AT", "CAT" or any other facsimile thereof when he or she is not licensed in accordance with the provisions of these regulations or meets the exemptions set forth in the statute and/or regulations. Individuals engaging in such practices, or employing non-licensed practitioners, will be subject to criminal and/or civil penalties.**

# STEPS TO LICENSURE ATHLETIC TRAINERS

Enclosed is a licensing packet for Athletic Trainers. The requirements for each are as follows:

1. **BOARD OF CERTIFICATION (BOC) FORMERLY NATA:**
  - a. Completed, notarized application.
  - b. Copy of driver's license or social security card.
  - c. Passport style photo (**copies of photos are not acceptable**)
  - d. Application fee - \$100.00 (non-refundable)
  - e. Copy of current Board of Certification (BOC) card.
  - f. Copies of all licensure or registrations from other states.
  
2. **Endorsement:**
  - a. Completed, notarized application.
  - b. Copy of driver's license or social security card.
  - c. Passport style photo (**copies of photos are not acceptable**)
  - d. Application fee - \$100.00 (non-refundable)
  - e. Information Verification Form.
  - f. Copies of all licensure or registrations from other states.

All requirements must be on file and satisfactory to this office before a license may be issued.



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Athletic Trainer
Application for Licensure

Office Use

Check No. \_\_\_\_\_

Amount \$ \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please type or print in ink)

1. Date: \_\_\_\_\_
2. Name: \_\_\_\_\_ Last First Middle
3. Home Address: \_\_\_\_\_ 4. Telephone Number: (\_\_\_\_) \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_
City State Zip Code
7. Email Address: \_\_\_\_\_
8. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 9. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
10. Race: \_\_\_\_\_ 11. Sex: Male [ ] Female [ ] 12. U.S. Citizen No [ ] Yes [ ] 13. Legal Alien No [ ] Yes [ ]
14. Place of Employment: \_\_\_\_\_
15. Title of Position: \_\_\_\_\_ 16. Supervisor: \_\_\_\_\_
17. Employment Address: \_\_\_\_\_ 18. Telephone Number: (\_\_\_\_) \_\_\_\_\_
City State Zip Code
19. Are there any criminal or civil suits pending against you? No [ ] Yes [ ]
20. Have you ever been convicted of any felony or misdemeanor? No [ ] Yes [ ]
21. Have you ever had any license, registration, or certificate encumbered in any way, i.e.,
revoked, suspended, censured, rejected, denied, placed on probation, reprimanded, etc.?
If yes, attach a full explanation including the type of license, registration, or certificate,
and jurisdiction where the action occurred. No [ ] Yes [ ]
22. a. Are you currently registered by the Board of Certification, Inc.? No [ ] Yes [ ]
b. BOC certification number: \_\_\_\_\_ (attach a copy of your certification)
23. Are you currently licensed in another state in the area of Athletic Training? No [ ] Yes [ ]
If yes, what state? (Attach a copy of current license) \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_\_.  
My commission expires \_\_\_\_\_.

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand the Regulations Governing Licensure of Athletic Trainer and affirm that all conditions for licensure have been met and will be maintained.

\_\_\_\_\_  
*Notary Public*

\_\_\_\_\_  
*Applicant's Signature*

*Notary Seal*

*Copy of Social Security Card  
or  
Drivers License*

Complete form, enclose fee and mail to: **Mississippi State Department of Health  
Professional Licensure: Athletic Trainer  
Post Office Box 1700  
Jackson, Mississippi 39215-1700**

*Photo  
(only a Passport Photo  
will be accepted)*

# Athletic Trainer Information/Verification Between States

**Instructions:**

Complete Part I of this form and send to the licensing board of the state or jurisdiction in which you hold a current license. Once they complete Part II, this form should be forwarded to the address on the back of this form.

**Part I**

~ To Be Completed by Applicant ~

To Whom This May Concern:

I am applying for a license as a Athletic Trainer in the State of Mississippi and hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license or my practice. When both (Parts I and II) are completed, please return the form to the licensing authority noted on the back of this form.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Type or Print Full Name: \_\_\_\_\_  
*First* *Middle* *Last*

Address: \_\_\_\_\_  
*Street/Post Office Box* *City* *State* *Zip*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Employer: \_\_\_\_\_      Supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_      Telephone Number: (\_\_\_\_) \_\_\_\_\_

Description of License Held in Other Jurisdiction:

Jurisdiction: \_\_\_\_\_      License Number: \_\_\_\_\_

Title of License: \_\_\_\_\_

Date Issued: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

# Athletic Trainer Information/Verification Between States

## Part II

~ To Be Completed by State Board ~

1. Does the above information confirm with that in your records?  Yes  No  If no, please explain:

\_\_\_\_\_

2. Did the applicant obtain the original license from your state?  Yes  No If no, which state issued the original license? \_\_\_\_\_

3. Was the applicant licensed under a "grandfathering" provision?  Yes  No

4. Is the applicant a registered Athletic Trainer?  Yes  No

5. Do you consider the applicant to be in good standing at this time?  Yes  No If no, please explain:

\_\_\_\_\_

6. According to your records, has the applicant ever been disciplined by your board, any state agency or by any professional organization?  Yes  No. If yes, please explain and attach a copy of the order, decree or other relevant documentation. \_\_\_\_\_

7. Do you have any additional comments regarding the applicant's license or practice? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Board Chair or Designated Official*

\_\_\_\_\_  
*Title of Board*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Phone*

Upon completion of this form by the Licensure/Registration Authority, please forward to:

**Mississippi State Department of Health  
Professional Licensure: Athletic Trainer  
Post Office Box 1700  
Jackson, Mississippi 39215-1700**

# **Regulations Governing Licensure of Athletic Trainers**

Mississippi State Department of Health  
Office of Licensure  
Professional Licensure Division  
P. O. Box 1700  
Jackson, Mississippi 39215-1700  
(601) 364-7360 Fax (601) 364-5057

**Title 15: Mississippi State Department of Health**

**Part 19: Bureau of Professional Licensure**

**Subpart 60: Professional Licensure**

**CHAPTER 1: REGULATIONS GOVERNING LICENSURE OF ATHLETIC TRAINERS**

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## Title 15: Mississippi State Department of Health

### Part 19: Bureau of Professional Licensure

#### Subpart 60: Professional Licensure

## CHAPTER 1: REGULATIONS GOVERNING LICENSURE OF ATHLETIC TRAINERS

### Subchapter 1: General:

Rule 1.1.1 **Purpose:** The purpose of these regulations is to safeguard the public's health, safety, and welfare by establishing minimum qualifications and creating exclusive titles corresponding to the level of qualifications for individuals who wish to offer athletic trainer services to the public. Further, in order to insure the highest degree of professional conduct by those engaged in offering athletic trainer services to the public, it is the purpose of these regulations to provide and impose disciplinary sanctions, be they civil or criminal, against persons who do not meet or adhere to the procedures, qualifications, and standards set out in this chapter

*SOURCE: Miss. Code Ann. §73-55-17.*

Rule 1.1.2 **Legal Authority:** The Mississippi State Board of Health is authorized to establish and enforce these rules and procedures by virtue of "The Mississippi Athletic Trainers Act of 1991," Sections 73-55-1 et seq. of Mississippi Code of 1972, annotated.

*SOURCE: Miss. Code Ann. §73-55-17.*

Rule 1.1.3 **Definitions:** The following terms shall have the meaning set forth below, unless the context otherwise requires:

1. **"Board"** shall mean the Mississippi State Board of Health.
2. **"Council"** shall mean the Mississippi Council of Advisors in Athletic Training
3. **"License"** shall mean the document of licensure issued by the Board.
4. **"Athletic Training"** means the treatment of an athlete for risk management and athletic injury prevention, the clinical evaluation and assessment of an athlete for an injury or illness, or both, the immediate care and treatment for an injury or illness, or both, and the rehabilitation and reconditioning of an athlete's injury or illness, or both, as long as those activities are performed under the direction of a licensed physician, nurse practitioner or physician assistant. The practice of athletic training does not include the practice of physical therapy, the practice of medicine,

the practice of osteopathic medicine and surgery, the practice of nursing or the practice of chiropractic.

5. "**Athletic Trainer**" means a person licensed by the Department of Health as an athletic trainer after meeting the requirements of these rules and regulations who, upon the advice, consent and oral or written prescriptions or referrals of a licensed physician, nurse practitioner or physician assistant, carries out the practice of athletic training, and in carrying out these functions the athletic trainer is authorized to use physical modalities, such as heat, light, sound, cold, electricity or mechanical devices related to prevention, recognition, evaluation, management, disposition, rehabilitation and treatment. An athletic trainer shall practice only in those areas in which the athletic trainer is competent due to training or experience that can be substantiated by records or other evidence found acceptable by the board in the exercise of the board's considered discretion.
6. "**Practice and Performance of Athletic Training**" means functioning in the nonclinical and clinical setting under the direction of a physician, nurse practitioner, or physician assistant, evaluating, treating, and providing appropriate immediate care and treatment to injuries incurred by an athlete during participation in or training for scholastic, recreational, professional, or sanctioned amateur athletic activities. Evaluation and treatment by an athletic trainer in the nonclinical setting to supportive staff, spectators, and other persons other than an athlete shall be limited to immediate care and treatment. An athletic trainer functioning in a clinical setting may evaluate and provide treatment for an athletic injury under the direction or referral of a licensed physician, nurse practitioner or physician assistant. An athletic trainer functioning in the nonclinical and clinical setting may use therapeutic exercise and modalities such as heat, cold, light, air, massage, water, sound and electricity for the treatment of musculoskeletal injuries and the use of passive (manual and mechanical) techniques for the purpose of treatment.
7. "**Athlete**" means an individual who participates in exercises, sports, or games requiring physical strength, agility, flexibility, range of motion, speed or stamina; or an individual with an athletic injury that a licensed physician, nurse practitioner or physician assistant deems would benefit from athletic training services.
8. "**Athletic Injury**" means any injury sustained by a person as a result of the person's participation in sports, games or recreational activities requiring physical strength, flexibility, range of motion, speed or stamina, or comparable injury.

9. **"Clinical Setting"** means a hospital, department, outpatient facility, or clinic whose primary purpose is sports medicine, rehabilitation, or wellness.
10. **"Nonclinical Setting"** means a location where school, professional, recreational, or sanctioned amateur athletic activities are being held.
11. **"Physician"** means a physician licensed by the State Board of Medical Licensure.
12. **"BOC, Inc.,"** means the Board of Certification, Incorporated, or its successor agency, the National Credentialing Agency of Athletic Trainers; formerly referred to as the National Athletic Trainers' Association Board of Certification, Inc.
13. **"Act"** means the Mississippi Athletic Trainers Licensure Act of 1991, Section 73-55-1 et seq. of Mississippi Code of 1972, annotated.
14. **"Department"** shall mean the Mississippi State Department of Health.

*SOURCE: Miss. Code Ann. §73-55-17.*

Rule 1.1.4 **Publication:** The Department shall publish, a list of the names and addresses of all persons licensed by the Board as Athletic Trainers, and a list of all persons whose licenses have been suspended, revoked, denied renewal, put on probationary status, censured or reprimanded.

*SOURCE: Miss. Code Ann. §73-55-17.*

## **Subchapter 2: Athletic Trainers Advisory Council ("Council")**

Rule 1.2.1 **Council Structure and Purpose:** The Council shall consist of five (5) members as set forth in the Act, for the terms indicated therein, and shall serve under the jurisdiction of the Mississippi State Board of Health. The purpose of the Council is to aid the Board in administering the provisions of the Act.

*SOURCE: Miss. Code Ann. §73-55-17.*

Rule 1.2.2. **Meeting:** The Council shall meet as set forth in the Act. A quorum shall consist of three (3) members of the Council, including the chairperson, and shall be necessary for the Council to take action by vote.

*SOURCE: Miss. Code Ann. §73-55-17.*

### **Subchapter 3: State Board of Health (“Board”)**

Rule 1.3.1 **Responsibilities:** The Board, authorizes the Department with the advice of the council to:

1. establish licensing and renewal of license criteria for applicants;
2. maintain an up-to-date list of all individuals licensed to practice as athletic trainers, with such list being available, upon request, to the public;
3. refer disciplinary actions of any individual engaged in the practice of athletic training to the appropriate government agency for prosecution, whether licensed or otherwise, or, in its discretion, refer same to the appropriate committee or council;
4. conduct disciplinary hearings, upon specified charges, of a licensee;
5. maintain an up-to-date list of all individuals whose license has been suspended, revoked, or denied, and make such list available to public inspection, and shall supply such list to similar regulatory boards in other states or jurisdictions;
6. keep a record of all proceedings of the Board, and make said record available to the public.
7. delegate, authorize, promulgate and regulate, as may be necessary, to accomplish the purpose of the Act.

*SOURCE: Miss. Code Ann. §73-55-17.*

### **Subchapter 4: Licensure**

Rule 1.4.1 **Licensure Requirements:** An applicant for licensure shall submit to the Department, verified by oath, written evidence in form and content satisfactory to the Department that the applicant;

1. Has satisfactorily completed all of the BOC, Inc, qualifications and is certified as an athletic trainer by BOC, Inc, and is in good standing, or
2. Holds a degree in physical therapy and has completed the BOC, Inc., certification requirements.

*SOURCE: Miss. Code Ann. § 73-55-7; Miss. Code Ann. § 73-55-17.*

Rule 1.4.2 **Abandonment:** An application shall be deemed abandoned by the Department if, after six (6) months from the date of filing, the requirements for licensing have not been completed and submitted to the Department.

*SOURCE: Miss. Code Ann. §73-55-17.*

### **Subchapter 5: Professional Identification**

Rule 1.5.1 **Titles and Abbreviation:** No person shall engage in athletic training or use the titles "athletic trainer," "certified athletic trainer" or "licensed athletic trainer" or use the letters "LAT," or "AT" or any other facsimile thereof, whether or not compensation is received or expected, unless he or she is licensed as an athletic trainer in the State of Mississippi.

*SOURCE: Miss. Code Ann. §73-55-17.*

Rule 1.5.2 **Production and Display of License:** A person issued a license to practice athletic training by the Mississippi State Board of Health shall show said license when requested.

*SOURCE: Miss. Code Ann. §73-55-17.*

### **Subchapter 6: Renewal of License**

#### **Rule 1.6.1 General Provisions**

1. The Board shall issue licenses that shall be renewed annually.
2. The licensure year shall be construed as January 1 through December 31.

*SOURCE: Miss. Code Ann. §73-55-17.*

Rule 1.6.2 **Procedure for Renewal of License:** The Department shall mail a renewal notice, at least thirty (30) days prior to the renewal date, to the last address registered with the Department, to the persons to whom licenses were issued or renewed during the preceding renewal period. The licensee shall, either in written form or electronically if within the specified renewal time:

1. complete the renewal form, and
2. submit proof of continuing education credit as detailed in Subchapter 7 of these regulations, if required, and
3. enclose the renewal fee, and
4. file the above with the Department prior to the end of the renewal period.

*SOURCE: Miss. Code Ann. §73-55-17.*

**Rule 1.6.3 Failure to Renew**

1. A licensee who does not file, with the Department, his renewal application within the renewal period will be deemed to have allowed his license to lapse. Said licensee may be reinstated by the Department, in its discretion, by the payment of the renewal fee and a reinstatement fee, provided said application for reinstatement is made within one (1) year of the end of the renewal period.
2. Any person seeking re-licensure after allowing a license to lapse shall be required to meet all licensing requirements in effect at the time of the application for relicensure.

*SOURCE: Miss. Code Ann. §73-55-17.*

**Subchapter 7: Continuing Education**

**Rule 1.7.1 Definition and philosophy:** Each individual licensed as an Athletic Trainer is responsible for optimum service to the consumer and is accountable to the consumer, the employer, and the profession for evidence of maintaining high levels of skill and knowledge. Pursuant to the Act, continuing education is mandatory. Continuing education is defined as education beyond the basic preparation required for entry into the profession, directly related to the performance and practice of Athletic Training.

*SOURCE: Miss. Code Ann. §73-55-17.*

**Rule 1.7.2 Requirements**

1. Continuing education requirements for license renewal shall be fulfilled during two-year periods running concurrently with the requirement to maintain certification through the BOC, Inc. Proof of the completion of continuing education as required by this section shall be turned in to the Department at the time of renewal of license, if requested.
2. Persons who fail to accrue the required continuing education hours shall be issued a probationary license for a term of one (1) year. Failure to accrue the delinquent hours will result in the revocation of the license. Hours accrued are first credited for the delinquent hours lacking from the previous continuing education cycle.
3. Probationary licenses will be issued for one licensure term only. No ensuing license may be probationary as a result of not meeting continuing education requirements.

4. Continuing education requirements for all licensees, as to the substance and the number of hours, shall be the same as that for BOC certification.

*SOURCE: Miss. Code Ann. §73-55-17.*

**Rule 1.7.3 Sources of Continuing Education:** Continuing education hours may be accrued from the following sources: Attendance at Mississippi Athletic Trainers Association (MATA) sponsored meetings; National Athletic Trainers Association (NATA) sponsored meetings approved for continuing education credit by BOC, Inc., or other meetings or sources approved for continuing education credit by BOC, Inc.

*SOURCE: Miss. Code Ann. §73-55-17.*

### **Subchapter 8: Revocation, Suspension and Denial of License**

**Rule 1.8.1 Standards of Conduct:** Licensees may, at the discretion of the Board, have their license suspended, revoked, or denied at the time of renewal if the Board determines that the licensee is guilty of any of the following:

1. Is guilty of fraud or deceit in procuring or attempting to procure a license or renewal of a license to practice athletic training.
2. Is unfit or incompetent by reason of gross ignorance, negligence, habits, or other causes of incompetency.
3. Is habitually intemperate in the use of alcoholic beverage.
4. Is convicted of an offense involving moral turpitude.
5. Is knowingly practicing while suffering with a contagious or infectious disease.
6. Is in violation of any of the applicable provisions of the Code for Professional Practice of the National Athletic Trainers Association, Inc.
7. Is addicted to, or has improperly obtained, possessed, used, or distributed habit-forming drugs or narcotics.
8. Is guilty of dishonest or unethical conduct.
9. Has practiced athletic training without a valid license.
10. Has violated, aided, or abetted others in violation of any provision of the Act, or these regulations.
11. Has engaged in any conduct considered by the Board to be detrimental to the profession of athletic training.



*SOURCE: Miss. Code Ann. §73-55-17.*

**Rule 1.8.2 Summary Suspension:** The Board may summarily suspend a license without a hearing, simultaneously with the filing of a formal complaint and notice of hearing, if the Board determines that:

1. The health, safety, or welfare of the general public is in imminent danger; or
2. The licensee's physical capacity to practice his profession is in issue; or
3. The licensee's mental capacity to practice his profession is in issue.

*SOURCE: Miss. Code Ann. §73-55-17.*

**Rule 1.8.3 Complaints:** All complaints concerning a licensee, his business, or professional practice, shall be reviewed by the Department. Each complaint received shall be logged, recording at a minimum the following information:

1. licensee's name
2. name of the complaining party, if known;
3. date of complaint;
4. brief statement of complaint; and
5. disposition

*SOURCE: Miss. Code Ann. §73-55-17.*

**Rule 1.8.4 Investigation:** All complaints will be investigated and evaluated by the administrative secretary or other authorized employee of the Department.

*SOURCE: Miss. Code Ann. §73-55-17.*

**Rule 1.8.5 Notice of Charges and Hearing:**

1. Following the investigative process, the Department may file formal charges against the licensee. Such formal complaint shall, at a minimum, inform the licensee of the facts which are the basis of the charge and which are specific enough to enable the licensee to defend against the charges.
2. Each licensee, whose conduct is the subject of a formal charge which seeks to impose disciplinary action against the licensee, shall be served notice of the formal charge at least thirty (30) days before the date of

hearing. A hearing shall be presided over by the Board or the Board's designee. Service shall be considered to have been given if the notice was personally received by the licensee, or the notice was mailed certified, return receipt requested, to the licensee at the licensee's last known address as listed with the state agency.

3. The notice of the formal hearing shall consist at a minimum of the following information:
  - a. The time, place and date of hearing;
  - b. That the licensee shall appear personally at the hearing and may be represented by counsel;
  - c. That the licensee shall have the right to produce witnesses and evidence in the licensee's behalf and shall have the right to cross-examine adverse witnesses and evidence;
  - d. That the hearing could result in disciplinary action being taken against the licensee's license;
  - e. That rules for the conduct of these hearings exist and it may be in the licensee's best interest to obtain a copy; and
  - f. That the Board, or its designee, shall preside at the hearing and following the conclusion of the hearing shall make findings of facts, conclusions of law and recommendations, separately stated, to the Board as to what disciplinary action, if any, should be imposed on the licensee.
4. The Board or its designee shall hear evidence produced in support of the formal charges and contrary evidence produced by the licensee. At the conclusion of the hearing, the Board shall issue an order, within sixty (60) days.
5. Disposition of any complaints may be made by consent order or stipulation between the Board and the licensee.
6. All proceedings pursuant to this section are matters of public record and shall be preserved pursuant to State law.

*SOURCE: Miss. Code Ann. § 73-55-17.*

**Rule 1.8.6 Board Sanctions:** The Board may impose any of the following sanctions, singly or in combination, when it finds that a licensee is guilty of any of the above offenses:

1. Revocation of the license;

2. Suspension of the license, for any period of time;
3. Censure the licensee;
4. Issue a letter of reprimand to the licensee;
5. Place a license on probationary status and require the licensee to submit to any of the following:
  - a. report regularly to the Board upon matters which are the basis of probation;
  - b. continue to renew professional education until a satisfactory degree of skill has been attained in those areas which are the basis of probation; or
  - c. such other reasonable requirements or restrictions as are proper.
6. Refuse to renew a license; or
7. Revoke probation which has been granted and impose any other disciplinary action in this subsection when the requirements of probation have not been fulfilled or have been violated.

*SOURCE: Miss. Code Ann. § 73-55-17.*

Rule 1.8.7 **Appeal:** Any person aggrieved by a decision of the Board shall have a right of appeal to the Chancery Court of the county where the hearing was held in the manner provided for in the enabling statute and the Laws of the State of Mississippi.

*SOURCE: Miss. Code Ann. § 73-55-17.*

### **Subchapter 9: Exceptions and Exemptions**

Rule 1.9.1 **Exceptions:** No person shall represent himself to be an athletic trainer unless he is licensed by the Board.

1. The provisions of this chapter shall not restrict coaches and physical education instructors in the performance of their duties.
2. The provisions of this chapter shall not restrict athletic trainers from other nations, states, or territories performing their duties for their respective teams or organizations and only during the course of their team or organization's stay in this state.

3. Nothing in these regulations is intended to limit, preclude, or otherwise interfere with the practices of other persons and health providers licensed by appropriate agencies of the State of Mississippi.
4. Nothing in these regulations shall be construed to authorize the practice of medicine or nursing by any person not licensed by the State Board of Medical Licensure or the Mississippi Board of Nursing.

*SOURCE: Miss. Code Ann. § 73-55-17.*

## **Subchapter 10: Criminal Offenses and Punishment**

**Rule 1.10.1 Offenses:** It is a violation for any person to:

1. Sell, fraudulently obtain or furnish any athletic trainer permit, license, record, or aid or abet therein.
2. Practice athletic training under cover of any athletic training diploma, permit, license, or record illegally or fraudulently obtained or issued.
3. Impersonate in any manner or pretend to be an athletic trainer or use the titles, "Athletic Trainer" the letters, "A.T." or any other words letters, signs, symbols or devices to indicate the person using them is a licensed Athletic Trainer, unless duly authorized by license or permit.
4. Practice athletic training during the time his license or permit is suspended, revoked, or expired.
5. Fail to notify the board of the suspension, probation or revocation of any past or currently held licenses, required to practice athletic training in this or any other jurisdiction.
6. Make false representations, impersonate, act as a proxy for another person, allow, or aid any person to impersonate him in connection with any examination or application for licensing or request to be examined or licensed.
7. Make a material, false statement in an application for licensure, or in a response to any inquiry by the State Department of Health or the Board.
8. Otherwise violate any provisions of the Act.

*SOURCE: Miss. Code Ann. § 73-55-17.*

**Rule 1.10.2 Punishment:** Such violation shall be punishable by a fine of not less than One Hundred Dollars (\$100.00), nor more than Five Hundred Dollars (\$500.00) or by imprisonment of not less than ten (10) days nor more than sixty (60) days, or by both fine and imprisonment for each violation.

*SOURCE: Miss. Code Ann. §73-55-17.*

## **Subchapter 11: Fees**

Rule 1.11.1 **Method of Payment:** The following fees, where applicable, are payable to the Mississippi State Department of Health by personal check, certified check, cashier's check, or money order. Fees paid to the State Board of Health are non-refundable.

*SOURCE: Miss. Code Ann. §73-55-17.*

### **Rule 1.11.2 Schedule of Fees:**

Application and Initial Licensure Fee - \$100.00

Renewal Fee - \$50.00

Reinstatement Fee - \$200.00

Replacement Fee - \$50.00

*SOURCE: Miss. Code Ann. §73-55-17.*

## **Subchapter 12: Administrative Grievance Procedure**

Rule 1.12.1 **Administrative Appeals:** All persons aggrieved by a decision regarding the initial application for licensure, or the renewal of licensure, shall have the right of administrative appeal and a hearing to be conducted according to the policy of the Department of Health.

*SOURCE: Miss. Code Ann. § 73-55-17.*

Rule 1.12.2 **Notification:** Written notice will be provided to all applicants regarding denial of an original license or a renewal license. Such notice shall contain the reason thereof and shall offer the applicant an opportunity to submit additional information pertinent to their application for a second review by the Department.

*SOURCE: Miss. Code Ann. § 73-55-17.*

Rule 1.12.3 **Hearing:** If requested in writing within the specified time frame a hearing will be provided in which the applicant may show cause why the license should be granted or renewed. Within sixty (60) days of the hearing, or other such time frame as determined during the hearing, written findings of fact, together with a recommendation for action on the license in question, shall be forwarded to the State Health Officer. The State Health Officer

**ATHLETIC TRAINER LICENSURE PACKET**  
**FORM No. 191 E**

**PURPOSE:** To verify the qualification of an applicant for licensure.

**MECHANICS AND FILING:** The applicant shall send in all pages, even the ones they don't need to fill out. They can write NA on the ones not used.

**RETENTION:** The hard copy will be kept for a period of two (2) years after the license is no longer valid.

**PAGE 1 AND 2**

**ATHLETIC TRAINER APPLICATION FOR LICENSURE**

**INSTRUCTIONS:**

1. Date - enter date form is filled out.
2. Name - enter last name, first name, and middle name.
3. Address - enter house number, and street name.
4. Telephone Number - enter area code, and home telephone number.
5. City and State - enter city, and state of home address.
6. Zip - enter zip code of home address.
7. County - enter county of home address.
8. Social Security Number - enter social security number.
9. Date of Birth - enter date of birth.
10. Race - enter race.
11. Male/Female - check appropriate box.
12. U.S. Citizen - check appropriate box.
13. Legal Alien - check appropriate box.
14. Employment - enter place of employment.
15. Title - enter title of applicant's position.
16. Supervisor - enter name of supervisor.
17. Employment Address - enter address of place of employment.
18. Telephone Number - enter area code, and work telephone number.
19. Criminal/Civil Suites - check appropriate box.
20. Addicted to Drugs, Alcohol - check appropriate box, if affirmative, attach explanation.
21. Convicted of Violations - check appropriate box, if affirmative, attach explanation.
22. (a) License/Permit Encumbered - check appropriate box, if affirmative, attach explanation.  
(b) Decree Change - check appropriate box, if affirmative, attach explanation.
23. Mentally Incompetent - check appropriate box, if affirmative, attach explanation.

24. (a) Certified - check appropriate box.  
(b) NATA Number - enter certification number, attach copy of card.
25. (a) License in Another State - check appropriate box.  
(b) State - enter what state applicant has license in, with a copy attached.
26. Applicant Signature and Notary - sign application, under oath before a notary public, who will also sign and seal.

**PAGE 3**

**ATHLETIC TRAINER**  
**VERIFICATION OF RESIDENCY**

**INSTRUCTIONS:**

1. Date-enter date form is filled out.
2. Name-enter last name, first name, and middle name.
3. Home Address-enter house number, street name, city, state zip code, and county of home address.
4. Telephone Number-enter area code and home telephone number.
5. Social Security Number-enter social security number.
6. Date of Birth-enter date of birth
7. Documents Attached-check two appropriate boxes and attach appropriate documents.
8. Applicant Signature-sign application.

**PAGE 4 AND 5**

**ATHLETIC TRAINER**  
**INFORMATION/VERIFICATION BETWEEN STATES**

**INSTRUCTIONS:**

Part I:

1. Applicant's Signature - applicant will sign name on line.
2. Date - enter date form is filled out.
3. Type or Print Full Name - enter first name, middle name, and last name
4. Address - enter house number, street name, city, state, and zip code of home address
5. Date of Birth - enter date of birth
6. Social Security Number - enter social security number.
7. Employer - enter name of employer.
8. Supervisor - enter name of supervisor.
9. Your Job Title - enter job title.
10. Telephone Number - enter area code and telephone number of place of employment.

11. Jurisdiction - enter jurisdiction that issued other license
12. License Number - enter license number from other state.
13. Title of License - enter title of license from other state.
14. Date Issued - enter date license from other state was issued
15. Expiration Date - enter date license from other state expires.

Part II:

1. Information Confirmation - check box, and if negative, enter explanation.
2. Source of Original License - check box, and if negative, enter state of originator.
3. Grandfather License - check box.
4. NATABOC Examination - check box, and if affirmative, enter date.
5. Good Standing - check box, and if negative, enter explanation.
6. Record of Discipline - check box, and if affirmative, attach copy.
7. Additional Comments - enter in space provided.
8. Date - enter date form filled out by Board or regulatory agency, which they signs, enter title and address, and affixes seal.