## **Athletic Trainer** Form 2

The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of the Professions Division of Professional Licensing Services www.op.nysed.gov

## **Certification of Professional Education**

## **APPLICANT INSTRUCTIONS**

1.	Comple	Complete Section I. In item 3, enter your name as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 8.																											
2.		an offi	cial s	cho	ol er	ıve	elop	e di	irect	ly to	the	Offic	ce of	f the	Pro	fess	sions	at t	the a	addr	ess	at th	he	opriate parts of Second end of the formed.					
Se	Section I: Applicant Information																												
1	Social Security Number 2 Birth Date																												
	(Leave this blank if you do not have a U.S. Social Security Number)  Month Day Year																												
3	Print Name As It Appears On Your Application for Licensure (Form 1)																												
	Last																												
	First																												
	Middle																												
4	Mail	ing A	ddre	SS	(You	u r	nus	t nc	otify	the	Depa	artm	ent p	orom	ptly	of a	any a	addr	ess	or n	ame	cha	an	nges.)					
	Line 1																												
	Line 2																												
	Line 3																												
	City																												
	State Zip Code Line Line Line Line Line Line Line Lin																												
	Country/ Province																												
5	Print e	xact n	ame ı	und	er wh	nic	h yc	our	deg	ree	was	awa	rded	l:															
6	Secon	dary in	stitut	ion	atten	nde	ed: _																						
7	Professional school attended:																												
	Address: Date degree was awarded: / mo. day yr.																												
	mo. day yr.  Name of degree issued: Dates of attendance from / / to: / / / / yr.												yr.																
8	I request and give my permission to the school listed in item 7 above to complete Section II of this form and mail it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for licensure.																												
	Applicant's signature:        //           mo.         day         yr.												yr.																
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Section II: Certification of Professional Education										
INSTRUCTIONS TO INSTITUTION REGISTRAR: Complete either Part A <u>or</u> Part B to document the applicant's education. Complete Part C (Certification) and return both pages of this form in an official school envelope directly to the Office of the Professions at the address at the end of the form. Do <u>not</u> return this form to the applicant. This form will not be accepted if returned by the applicant.										
Name of applicant:										
(Section I, item 5)										
Part A – Athletic Training programs registered by the New York State Education Department (NYSED) as licensure accredited by the National Athletic Trainers' Association (NATA), by the Commission on Accreditation of Allied Hea (CAAHP) or by the Commission on Accreditation of Athletic Training Education (CAATE).										
To be completed only by those schools at which the applicant completed an athletic training program which was either regist as licensure qualifying or accredited by NATA, CAAHP or by the CAATE at the time the applicant completed the program.	ered by NYSED									
It is hereby certified that:										
was awarded the degree of on the date of / date of /	/									
mo. da and the curriculum completed at the time the degree was awarded was registered by the NYSED as licensure qualifying or was accre	y yr. edited in athletic									
training by the NATA, CAAHP or the CAATE.										
The program title was:	·									
Part B – All other programs. An official transcript or marksheet giving courses completed by year and grades and the course of studies completed must be attached.	a syllabus of									
(1) Date of applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the school:										
Entrance Date: / / Dompletion Date: / / Dwithdrawal date / / day / / / day / _ / _ /										
(2) Clock hours of athletic training practicum completed by applicant:	yı.									
(3) Degree awarded:										
., •										
(4) Date degree awarded:///										
Date of accreditation										
Address of accrediting body or official organization that recognizes this program:	-									
PART C – REGISTRAR'S CERTIFICATION										
I hereby certify that to the best of my knowledge and belief the information in Section II is a true and accurate statement of t	the educational									
record of the individual named on this form.										
Signature of Registrer										
Signature of Registrar Date / / mo. day yr.										
Print name										
Title or Official Position										
Institution										
Address INSTITUTION SEA	L									
Telephone Fax										
E-Mail										
Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Athletic	Trainar Hait 00									

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