



## WEST VIRGINIA BOARD OF PHYSICAL THERAPY

2 Players Club Drive, Suite 102

Charleston, West Virginia 25311

Telephone: (304) 558-0367 Fax: (304) 558-0369

Email: [wvbopt@wv.gov](mailto:wvbopt@wv.gov) Website: [www.wvbopt.com](http://www.wvbopt.com)

### REQUIREMENT CHECKLIST FOR ATHLETIC TRAINER LICENSE

To apply for a WV AT license, please submit the following:

- Licensure Application for Athletic Trainers** – notarized with photo per instructions on application
- Non-refundable Fees**
  - **\$205.00** via cashier's check, business check, or money order ONLY
  - Our office cannot accept cash or personal checks.
  - Please make fees payable to WV Board of Physical Therapy.
- BOC Verification** – Order official verification of your current certification status at [www.bocatc.org](http://www.bocatc.org).
- Jurisdiction Verification** – Request official verification from any state you are *or have ever been* licensed, certified or registered (*active or not*) as an athletic trainer. This Board accepts written or electronic verification sent directly from each state board to our office.
- Conferred Transcript** – Request your official school transcript that states your degree and the date received. This Board accepts written or electronic transcripts sent directly from the school to our office.
- Criminal History Background Check** – Pursuant to W. Va. Code §30-20-8a and W. Va. Code §30-20A-4.6, applicants seeking initial licensure (not renewal or reinstatement) by the West Virginia Board of Physical Therapy are required to request and submit to the Board the results of a fingerprint-based state and national/federal criminal history record check. Please be aware that criminal history record checks may take several weeks to process and cannot be expedited for any reason. **Applicants should not request and submit to the Board the results of a criminal history record check until after they have completed a licensure application and paid the appropriate licensure fees.** You must schedule your background check via the link provided within the AT tab.

**A license will be issued once all the above requirements are met and satisfied.**

BOARD USE ONLY	
Date Received	
Application Fee	
Licensure Fee	
BOC Verified	
Verifications Pending	
Verifications Received	
Registration Issued	



**WEST VIRGINIA  
BOARD OF PHYSICAL THERAPY  
LICENSURE APPLICATION FOR ATHLETIC TRAINERS**

PHOTO INSTRUCTIONS	
1	Must be approximately 2 ½ x 3" color photo of your head and shoulders only taken within the year you are applying for registration.
2	No group photos. No photocopies.
3	Digital photos and scans must be on good quality photo paper.
4	Sign and print your name in ink on lower back of photo.
5	Attach photo here with paperclip. Do not use staples or tape.

**Application for licensure expires one year from the signature date. If you have not received a license within one year of this date, you must submit a new licensure application with the \$25.00 application processing fee.**

Type or print in ink. Do not omit any information. If not known or not applicable, mark N/A (not applicable).

**REQUESTING LICENSURE AS (CHOOSE ONE)  NEW APPLICANT  REACTIVATION APPLICANT**

APPLICANT							
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST			MAIDEN/FORMER	
SOCIAL SECURITY #	DATE OF BIRTH (MM/DD/YR)		AGE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMAIL ADDRESS		
HOME STREET ADDRESS			CITY		STATE OR PROVINCE	ZIP CODE	
COUNTY	COUNTRY		US Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME PHONE		CELL PHONE	

RECORD OF BIRTH			
BIRTHDATE (MM/DD/YR) / /	CITY OF BIRTH	STATE OF BIRTH	COUNTRY OF BIRTH

PREFERRED ADDRESS – The records of this board are considered public record. If you do not wish to disclose your home address, phone, or email, please provide your preferred information where you can reliably receive correspondence pertaining to your license.				
IS IT OK TO USE YOUR HOME ADDRESS? <input type="checkbox"/> YES, IT IS OK TO USE MY HOME ADDRESS. <input type="checkbox"/> NO, USE MY EMPLOYER ADDRESS. <input type="checkbox"/> NO, USE THE ADDRESS LISTED BELOW.				
COMPANY NAME (IF APPLICABLE)	PREFERRED PHONE		PREFERRED EMAIL ADDRESS	
PREFERRED STREET ADDRESS	CITY	STATE OR PROVINCE	ZIP CODE	COUNTY

BOC CERTIFICATION – Verification directly from BOC is required.		
DATE OF CERTIFICATION (MM/DD/YR) / /	CERTIFICATION NUMBER	EXPIRATION DATE(MM/DD/YR) / /

EDUCATION– Use additional paper if necessary.					
	SCHOOL NAME	CITY/STATE	DATES ATTENDED	MAJOR	DEGREE/CERTIFICATE
COLLEGE					
COLLEGE					
COLLEGE					
POSTGRAD					
TRAINING					

JURISDICTIONS IN WHICH YOU ARE OR HAVE EVER BEEN LICENSED/REGISTERED AS AN AT– Use additional paper if necessary.			
STATE	LICENSE/REGISTRATION #	DATE ISSUED (MM/DD/YR)	HOW OBTAINED? (BOC Exam Equivalency Reciprocity)

<b>CURRENT EMPLOYMENT</b> <input type="checkbox"/> Check here if none.			
EMPLOYER		STREET ADDRESS	
CITY	STATE OR PROVINCE	ZIP CODE	COUNTY
PHONE NUMBER	FAX NUMBER	START DATE	CONTACT PERSON/TITLE

EMPLOYMENT HISTORY – List in chronological order positions held as an Athletic Trainer. Use additional paper if necessary.			
EMPLOYER	ADDRESS	PHONE	DATES TO/FROM

**QUESTIONS - If you answer yes to any of the questions below, you must include a typed letter of full explanation and official notarized copies of the charge(s) and conviction(s), including penalty with your licensure application and fees. Answering yes to any of these questions is not necessarily a reason for the Board to deny licensure, but may lead to further inquiry or investigation. Applications with yes answers are placed on hold for Board review and consideration at the next scheduled Board meeting.**

- Do you currently have any physical or mental condition which may impair your ability to practice as an athletic trainer? If so, please explain. Yes \_\_\_ No \_\_\_
- Does your current use of alcohol or chemical substance(s), including, but not limited to, prescriptions medication(s), in any way impair or limit your ability to practice as an athletic trainer with reasonable skill and safety? If so, please explain. Yes \_\_\_ No \_\_\_
- Have you ever been denied the right to take an examination for registration as an athletic trainer in any jurisdiction that has not previously been reported to this Board? If so, please explain. Yes \_\_\_ No \_\_\_
- Have you ever held or do you currently hold a restricted license to practice athletic training in any other jurisdiction that has not previously been reported to this Board? If so, please explain. Yes \_\_\_ No \_\_\_
- Are you currently under investigation by any state licensing board? If so, please explain. Yes \_\_\_ No \_\_\_
- Have you ever had a complaint filed against you as an athletic trainer in any other jurisdiction that has not previously been reported to this Board? If so, please explain. Yes \_\_\_ No \_\_\_
- Have you ever surrendered your license to practice as an athletic trainer as result of pending disciplinary action or in settlement of disciplinary action in any jurisdiction that has not previously been reported to this Board? If so, please explain. Yes \_\_\_ No \_\_\_
- Have you ever been disciplined, including, but not limited to, revocation, suspension, probation, or reprimand, as an athletic trainer by any state licensing board that has not previously been reported to this Board? If so, please explain. Yes \_\_\_ No \_\_\_
- Have you ever been convicted of a misdemeanor that has not previously been reported to this Board? If so, give particulars, including the date of conduct and state and local jurisdiction in which the charges were filed. Yes \_\_\_ No \_\_\_
- Have you ever been convicted of a felony that has not previously been reported to this Board? If so, give particulars, including the date of conduct and state and local jurisdiction in which the charges were filed. Yes \_\_\_ No \_\_\_

Pursuant to West Virginia Code §48-15-303, each applicant for licensure must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

- 1. Do you have a child support obligation? Yes \_\_\_ No\_\_\_
- 2. If the answer to question 1, above, is yes, are you in arrearage? Yes \_\_\_ No\_\_\_
- 3. If the answer to question 2, above, is yes, does your arrearage equal or exceed the amount of child support payment for six (6) months? Yes \_\_\_ No\_\_\_
- 4. Are you the subject of a child support related subpoena or warrant? Yes \_\_\_ No\_\_\_

If you make a false statement concerning any question on this application, you may be subject to disciplinary action, including, but not limited to, immediate revocation or suspension of your license.

**THIS APPLICATION MUST BE NOTARIZED.**

Read the following, then, in the presence of a Notary, sign and date.

I, \_\_\_\_\_, affirm that this application contains no willful misrepresentation or falsifications, and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application for licensure by the West Virginia Board of Physical Therapy will be rejected. I am also aware that, should investigation at any time disclose any such misrepresentation or falsification after my application for licensure by the West Virginia Board of Physical Therapy has been approved, my West Virginia license may be subject to disciplinary action and/or revocation.

I certify that I will not use the term "Athletic Trainer" or hold myself out as being an athletic trainer in the State of West Virginia until authorization to do so has been granted by the West Virginia Board of Physical Therapy.

I hereby authorize any of my employers or associates to give to the West Virginia Board of Physical Therapy any information concerning statements herein.

\_\_\_\_\_  
Signature of Applicant Date

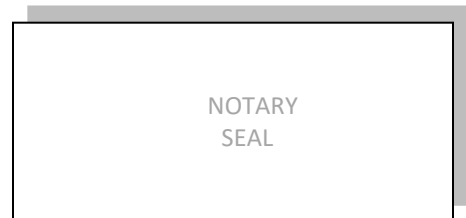
State of \_\_\_\_\_ County of \_\_\_\_\_

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_.

Signature of Notary: \_\_\_\_\_

Printed Name: \_\_\_\_\_

My Commission expires \_\_\_\_\_.



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Mail application and fees **(NO PERSONAL CHECKS OR CASH)** to:  
West Virginia Board of Physical Therapy  
2 Players Club Dr, Ste 102  
Charleston, WV 25311  
Phone: (304) 558-0367  
Fax: (304) 558-0369  
E-mail: wvbopt@wv.gov Web: www.wvbopt.com