



WEST VIRGINIA BOARD OF PHYSICAL THERAPY
2 Players Club Drive, Suite 102
Charleston, West Virginia 25311
Telephone: (304) 558-0367 Fax: (304) 558-0369
www.wvbopt.com

**ATHLETIC TRAINER REGISTRATION
RENEWAL REMINDER
\$75.00**

OUR OFFICE HAS MOVED! EFFECTIVE NOVEMBER 1ST, 2017 OUR NEW ADDRESS IS:

**2 Players Club Drive, Suite 102
Charleston, WV 25311**

Enclosed is the renewal application for your Athletic Trainer registration that expires on June 30, 2018.

RENEWAL INFORMATION

- Renewal period is April 1, 2018 through June 30, 2018.
- Renewal fee is \$75.00. You may submit payment via money order, cashier's check, or business check. Cash or a personal check will be returned to you, and this will delay your renewal.
- Registrations not renewed by June 30, 2018 will automatically become delinquent, and the board will notify your employer of the delinquent status. There is no grace period for renewals.
- Online renewal is not available at this time.

NAME CHANGE

If your name has changed, you must include a **notarized** copy of the legal document changing your name with your renewal.

YES RESPONSES

If you answer yes to any question(s) on the renewal form, you must provide a letter of full explanation and **notarized** copies of charges and convictions.

**Mail your application and fees (No Cash or Personal Checks) to:
WEST VIRGINIA BOARD OF PHYSICAL THERAPY
2 Players Club Drive, Suite 102, Charleston, WV 25311
Phone (304) 558-0367 Fax (304)-558-0369**

BIENNIAL RENEWAL APPLICATION FOR ATHLETIC TRAINER - \$75.00

Type or print in ink. (You are required by law to report in writing any changes as they occur.)

REGISTRATION #				
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST	MAIDEN/FORMER
HOME STREET ADDRESS		CITY	STATE/PROVINCE	ZIP CODE
COUNTY	COUNTRY	US Citizen (Yes/No)	HOME PHONE	CELL PHONE
EMAIL ADDRESS				

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 registration.				
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/PROVINCE	ZIP CODE	COUNTY

EMPLOYER INFORMATION				
COMPANY NAME				
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP CODE	COUNTY
PHONE	FAX	EMAIL		

CURRENTLY BOC CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	BOC #
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QUESTIONS – If you answer yes to any of the questions below, you must include a typed letter of full explanation and notarized copies of the charge(s) and conviction(s), including penalty. Answering yes to any of these questions is not necessarily a reason for the board to deny renewal, but may lead to further inquiry or investigation. Applications with yes answers will be placed on hold until the next board meeting for review and consideration.

1. 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 ___
2. Does your current use of alcohol or chemical substance(s), including, but not limited to, prescription 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 ___
3. Have you ever been denied the right to take an examination for licensure as an athletic trainer in any other jurisdiction that has not previously been reported to this board? If so, please explain. Yes ___ No ___
4. Have you ever held, or do you currently hold a restricted license to practice as an athletic trainer in any other jurisdiction that has not previously been reported to this board? If so, please explain. Yes ___ No ___
5. Are you currently under investigation as an athletic trainer in any other jurisdiction? If so, please explain. Yes ___ No ___
6. 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 ___
7. 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 other jurisdiction that has not previously been reported to this board? If so, please explain. Yes ___ No ___
8. Have you ever been disciplined, including, but not limited to, revocation, suspension, probation, or reprimand, as an athletic trainer in any other jurisdiction that has not previously been reported to this board? If so, please explain. Yes ___ No ___
9. 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 ___
10. 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 ___

I certify the information reported on this form is true and correct.

Signature

Date Signed