

REQUIREMENTS/INFORMATION AND INSTRUCTIONS FOR FILING - ATHLETIC TRAINERS REGISTRATION

Access this form via website at: cca.hawaii.gov/pvl

Hawaii does not reciprocate with any state or jurisdiction.

Requirements/Information

WHO MUST REGISTER

Individuals who engage in the practice of athletic training or represent, advertise, or announce themselves, either publicly or privately, as an athletic trainer, or use in connection with the individual's name or place of business the words "registered athletic trainer", "athletic trainer", "ATC", or any other words, letters, abbreviations, or insignia indicating or implying that the individual is an athletic trainer.

Filing Instructions

APPLICATION FORM

Complete the on-line fillable application form or print *legibly* in black ink. Answer all questions. If you answered "YES" to questions 5 thru 8, you are required to submit a signed detailed statement regarding the circumstances of the matter and copies of documents pertaining to the previous or pending disciplinary action(s) and/or conviction(s). Refer to page 3 "Instructions for 'YES' answers to questions (5) through (8) of the Application for Registration". Sign the form and submit the required documents and fees. Incomplete applications, including non-submission of the required documents and fees will not be processed.

BUSINESS ADDRESS

Pursuant to Act 198, SLH 2012, the Department of Commerce & Consumer Affairs ("DCCA") shall maintain a current list of names and business addresses of athletic trainers who register with DCCA. On the application, provide your business or employer name and complete business address. If you are not employed, state "Not Employed" and report your employer's information within 30 days of the effective date.

SOCIAL SECURITY NUMBER

Failure to provide the requested information will delay the processing of your application.

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued, you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

§436B-10(4), HRS which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

REGISTRATION REQUIREMENT

To be registered, every applicant shall meet the following requirements:

1. Complete the educational and certification requirements of the Board of Certification, Inc. ("BOC");
2. Have and maintain current and active status certification from the BOC;
3. Arrange to have the BOC submit proof of current, active and unencumbered certification.

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**DOCUMENTS
REQUIRED**

Log onto your BOC Central™ account to request an Official Verification for Hawaii. Visit www.bocatc.org. Applicants are responsible to pay all associated costs for Official Verification of BOC Certification.

**LICENSE
VERIFICATION**

Have all states or U.S. territories where you hold or held a license at any time submit a Verification of License directly to the program. Some states charge a fee for this verification service. Contact the appropriate licensing agency for information on requirements. The applicant is responsible for any fees incurred.

FEES

If applying for registration in the first year of the triennium (07/01/19 to 06/30/20), pay \$285
(Application - \$50* + Registration - \$50 + CRF - \$105 + 2/3 Renewal - \$80)

If applying for registration in the second year of the triennium (07/01/20 to 06/30/21), pay \$210
(Application - \$50* + Registration - \$50 + CRF - \$70 + 1/3 Renewal - \$40)

If applying for registration in the third year of the triennium (07/01/21 to 06/30/22), pay \$135
(Application - \$50* + Registration - \$50 + CRF - \$35)

*Application fee is not refundable

Make checks payable to: **COMMERCE AND CONSUMER AFFAIRS**. (check must be made in U.S. dollars and be from a U.S. financial institution.)

The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (Section 26-9(m), Hawaii Revised Statutes) to expedite resolution of consumer complaints filed with DCCA.

NOTE: One of the numerous legal requirements that you must meet in order for your new registration to be issued is the payment of fees as set forth in this application. You may be sent a registration certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required registration fee and your registration will not be valid, and you **may not** do business under that registration. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.

**REGISTRATION
DENIAL**

If for any reason you are denied the registration you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules ("HAR"), and/or Chapter 91, HRS.

**MAILING
ADDRESS**

Mail complete application to:

Deliver to office location at:

Athletic Trainer Registration
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

335 Merchant Street, Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

**RELEASE OF
INFORMATION**

If an agency or individual is assisting you with the registration process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

(CONTINUED ON PAGE 3)

TRIENNIAL RENEWAL	All athletic trainer registrations, regardless of issuance date, shall be renewed triennially (every three years) on or before June 30, with the first renewal occurring on June 30, 2016. Failure to renew a registration shall result in the forfeiture of the registration. A forfeited registration may be restored within one year from the expiration date upon payment of the renewal and restoration fees, including any penalty or delinquent fees. Failure to restore a forfeited registration within one year shall result in the automatic termination of the registration. A person whose registration has been terminated shall be required to reapply for a new registration as a new applicant. A person whose registration has been forfeited may not practice as an athletic trainer until the registration has been restored.
LAWS	It is the responsibility of the athletic trainer to know and comply with the laws pertaining to the practice of athletic trainers. To obtain a copy of the Athletic Trainer law, Act 198, SLH 2012, visit our website at: cca.hawaii.gov/pvl . Then click on "Statute/Rule" on the right. Chapter 436B, HRS, the Professional and Vocational Licensing Act, should be read in conjunction with Act 198, SLH 2012.
NOTIFICATION OF CHANGE OF EMPLOYER, MAILING ADDRESS AND RESIDENCE ADDRESS REQUIRED	Every athletic trainer shall notify DCCA of any change in employment, mailing and residence addresses within thirty (30) days of the change.
AGE OF MAJORITY & AUTHORIZATION TO WORK IN THE U.S.	In addition to the BOC certification requirement, applicants shall be beyond the age of majority (18 years old) and a United States citizen, a United States national, or an alien authorized to work in the United States. If you are not a U.S. citizen, or U.S. national or alien authorized to work in the U.S., your application may be denied.
ABANDONMENT OF APPLICATION	Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

Instructions for "YES" Answers to Questions (5) through (8) of the Application for Registration (AT-01).

The following documentation must be submitted with the registration application. Applications for registration will not be considered without this material.

1. Questions 5, 6 and 7 refer to a denial of registration by any licensing jurisdiction, complaints, charges of unlicensed activity, pending disciplinary actions or any disciplinary actions taken by any state licensing jurisdiction or BOC for any profession, occupation, license or registration. If your answer is "YES" to any of these questions, you must **submit** the following:
 - i. A detailed statement **signed by you** explaining the underlying circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, proof of payment of any fines, and any other relevant documents; and
 - iii. A resume of any employment, business activities, and education since the date of the action.

(CONTINUED ON PAGE 4)

2. If your application indicates a criminal conviction, you must **submit** the following for each conviction:

- i. A detailed statement **signed by you** explaining the underlying circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, periods of employment, employer's name, description of duties, training attended, and educational courses attended.
- ii. A copy of all related court documents (i.e. indictments, judgments, guilty pleas, verdict, and terms of sentence), if applicable, proof of payment of any fines and/or proof of fulfillment of conditions of each sentence; and
- iii. A copy of the terms of probation and/or parole **and** a statement from your probation or parole officer as to your compliance with the court orders (terms and conditions imposed including any court documentation evidencing completion or discharge), if applicable;
- iv. Letters from any counselors or therapists discharging you from their program(s) and providing their conclusions and recommendations as to the extent of your rehabilitation, if applicable;
- v. A **current** criminal history record check in your name from the Hawaii Criminal Justice Data Center (HCJDC) dated within six months. Contact HCJDC at (808) 587-3100 or visit their website at: ag.hawaii.gov/hcjd to request a "Criminal History Record Check".
- vi. A **current** criminal history record check from each state **AND** Hawaii if the conviction occurred in a state or states other than Hawaii. Contact the local authority or Board in each state for their forms, instructions and fees on obtaining criminal history record checks. In Hawaii, contact the HCJDC for procedures and fees related to this request.
- vii. A **current** Federal Criminal History Record Check, if the conviction was under federal jurisdiction.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR REGISTRATION - ATHLETIC TRAINERS

Access this form via website at: cca.hawaii.gov/pvl

Read Requirements/Information page before completing this form.
Complete on-line fillable form OR print legibly in black ink.

Legal Name (First, Middle)	(Last)
Residence Address (Include Apt. No., City, State & Zip Code)	
Business or Employer Name and complete business Address. (If not employed, state "Not Employed". Report this information within 30 days of effective date).	
Mailing Address (ONLY if different from above)	
Other Names Used (Include maiden name)	Social Security No.
Phone No. (days) - Include area code	

<p>AT Checklist</p> <p><input type="checkbox"/> BOC Verification <input type="checkbox"/> Fees: 285 / 210 / 135</p> <p><input type="checkbox"/> Lic. Verification _____</p> <p>Approved: <input type="checkbox"/> _____</p> <p>Initials/Date: _____</p> <p>License No. AT - _____</p> <p>Effective Date: _____</p>	FOR OFFICE USE ONLY
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	Name of State (Attach additional sheets if needed)	License/Registration Number	Date Issued	License/Registration current?	Provide date verification requested
STATE REGISTRATION/LICENSE					

Please have verification of your athletic trainer license/registration from the licensing authority of each state in which you hold or held a license/registration at any time sent **directly** to us or **attach** the original verification to your application form.

(CONTINUED ON PAGE 2)

Appl.....	790	\$50
Reg	791	\$50
CRF	793	\$105/\$70/\$35
Renewal	792	\$80/\$40
Service Charge	BCF	\$25

Print Name of Applicant: _____

Date: _____

Please check your answer to the following questions as it pertains to the individual applying for an athletic trainer registration:

- 1. Are you at least 18 years of age? YES NO
- 2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- 3. Have you completed the educational and certification requirements of the Board of Certification, Inc.? YES NO
- 4. Is your Board of Certification certificate current, active and in good standing? YES NO
Provide date you requested certificate to be sent to our office: _____
- 5. Have you ever been denied a registration, certificate, or license to practice athletic training? YES NO
- 6. Has any license, recognition, authority, registration or national certification ever been revoked, suspended, encumbered or otherwise subject to disciplinary action? YES NO
- 7. Are you presently being investigated or is any disciplinary action pending against your license, recognition, authority, registration or national certification in this State or any other jurisdiction? YES NO
- 8. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? YES NO

If you answered "YES" to questions 5, 6, 7 or 8, please provide a detailed signed statement and certified copies of documents pertaining to the prior or pending disciplinary action(s) or conviction(s). Refer to instructions.

AFFIDAVIT OF APPLICANT:

I hereby certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license/registration and is a misdemeanor (Section 710-1017, Sections 436B-19, and Act 198, SLH 2012).

I further certify that I have read and will abide by the provisions of Act 198, SLH 2012, Chapter 436B and the Hawaii Administrative Rules when they are promulgated.

Signature of Applicant

Date

Release of Information to Third Party:

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print Name of Individual who is assisting you: _____

Name of Organization: _____

Signature of Applicant

Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.