



ATHLETIC TRAINERS VERIFICATION OF LICENSURE IN OTHER JURISDICTIONS INSTRUCTIONS

All information provided must be typed or printed in **black ink**.

PART 1 MUST BE COMPLETED BY THE APPLICANT

1. APPLICANT NAME – Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. STATE WHICH REQUESTED VERIFICATION IS NEEDED – List the jurisdiction you need verification for your license.
3. LICENSE NUMBER – List the number issued in the other jurisdiction.
4. LICENSE ISSUE DATE – List the date the license was issued in the other jurisdiction.
5. PHONE NUMBER – Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
6. EMAIL ADDRESS – Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public. (Required)
7. APPLICANT SIGNATURE AND DATE - Signature and date of the requesting applicant.

PART 2 MUST BE COMPLETED BY THE STATE BOARD VERIFYING LICENSURE

8. LICENSEE NAME – Write the legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
9. PROFESSION –
10. LICENSE NUMBER – List the license number issued to the requestor.
11. LICENSE ISSUE DATE – Date the license was issued to the requestor.
12. LICENSE STATUS - Indicate if the applicant's license is current in your jurisdiction. If not current briefly explain why and give the basis for the issuance of the license.
11. EXAM TAKEN – Indicate if the exam was done by CDR or list other method, the exam date and score on the test.
12. LICENSE CURRENT – Indicate if the license is current and list the license expiration date.
13. COMPLAINTS AND/OR DISCIPLINARY ACTIONS – Indicate by placing a check by Yes or No and include a description of reprimand, sanction or disciplinary action.
14. NAME OF VERIFYING OFFICIAL – Enter the name, title and contact number of the individual that supplied the information from the licensing agency.



Texas Department of Licensing and Regulation
 PO Box 12057 • Austin, Texas 78711-2157
 (800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871
 www.tdlr.texas.gov • cs.athletic.trainers@tdlr.texas.gov

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DO NOT WRITE ABOVE THIS LINE			
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PART 1 MUST BE COMPLETED BY THE APPLICANT			
1. Applicant Name:			
Last	First	Middle Name	Suffix
2. State from which verification requested:	3. License Number:	4. License Issue Date:	
5. Personal Phone Number: ()		6. Email Address:	
Area Code	Number	(Ex: johndoe@aol.com) See Instructions sheet for Disclosure)	
7. Applicant Signature and Date:			
Signature		Date	
PART 2 MUST BE COMPLETED BY THE STATE BOARD VERIFYING LICENSURE			
8. Licensee Name:			
Last	First	Middle Name	Suffix
9. Profession:	10. License Number:	11. License Issue Date:	
12. License Status: <input type="checkbox"/> Current <input type="checkbox"/> Not Current (if not current, briefly explain why)			
License issued on the basis of:			
13. Complaints and/or disciplinary actions: Has the licensee ever been reprimanded, sanctioned, or formally disciplined? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, explain below)			
• Description and Date of action: _____			
• Reason for action: _____			
14. Name of verifying official I certify that this information is correct to the best of my knowledge. Based on the records available to me, the licensee was competent to practice while licensed in this state.			
Print Name		Date	
Signature		Date	
Title		Date	