

# Professional Credential Services, Inc.

P.O. Box 198689 - Nashville, TN 37219-8689  
[www.pcshq.com](http://www.pcshq.com)

## **Licensure Application for Athletic Trainers For the Massachusetts Board of Allied Health Professions**

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**If you have ever held a Massachusetts license as an Athletic Trainer, please contact the Allied Health Board office at [alliedhealth@mass.gov](mailto:alliedhealth@mass.gov) for information about, and an application for reinstatement of, your original license.**

**Active Duty Military, Relocated Military Spouse and Veterans,** may qualify for licensing benefits. Visit the Division of Professional Licensure's website for more information on [VALOR ACT](#) and qualifications. **For individuals who qualify, please submit applicable forms with this application** ([Active Military Affidavit Form](#), [Relocated Spouse Affidavit Form](#) or [Veteran Affidavit form](#)). Should you have any questions regarding VALOR ACT, contact the board at (617)-701-8605.

The Massachusetts Board of Allied Health Professions has authorized Professional Credential Services (PCS) to process all of its applications for licensure of athletic trainers. **Applicants for an athletic trainer license must submit all of their information, as indicated in these instructions, directly to PCS.** The Massachusetts Board of Allied Health Professions is the final authority with respect to issuance of the license.

## INSTRUCTIONS

The application must be typewritten or printed in blue or black ink. Include all components of the requested information, especially names and addresses of institutions. All documents must have original signatures. All questions on the application **must** be answered.

## REQUEST FOR INFORMATION

Applicants may contact PCS to obtain information, ask questions about application processing, or receive status updates by telephone or email.

Toll-free: (877) 887-9727

Email: [atlicense@pcshq.com](mailto:atlicense@pcshq.com)

PCS Staff is available Monday through Friday, 8 a.m. to 4:30 p.m., Central Standard Time. *Please allow thirty days for processing of fully completed applications.*

## LICENSURE REQUIREMENTS

- You must have a graduate or undergraduate degree from an athletic training education program approved and accredited by the Commission on Accreditations of Athletic Training Education (CAATE), graduation from a foreign program determined by the Board of Certification (BOC) to meet CAATE equivalency, or graduation from another substantially equivalent program of study deemed acceptable by the Board.
- Current BOC Certification

ALL APPLICANTS ARE ALLOWED TO PRACTICE **ONLY AFTER** A TEMPORARY OR PERMANENT LICENSE HAS BEEN ISSUED.

## TEMPORARY LICENSE INFORMATION

Temporary licenses are issued to applicants who have submitted fully completed applications and meet the requirements for licensure with the understanding that the applicant is taking the NEXT scheduled examination. Applicants who have already received a passing score on the BOC examination are NOT eligible for temporary licenses. If an applicant for temporary licensure fails to qualify for or fails the examination, an applicant may petition the Board to issue another temporary license. However, it will be considered a second temporary license, and the applicant must take the NEXT scheduled examination. If the applicant does not take the examination or fails the examination, he/she may request a third temporary license from the Board. A third temporary license is the FINAL temporary license. Temporary licensees are required to practice under supervision.

If you have already taken the BOC examination and failed prior to filing an application with PCS, a temporary license may be issued. However, it will be considered a SECOND temporary license even though the applicant never applied for a first temporary license. With two failures on the examination, a temporary license may be issued. However, it will be considered a THIRD and FINAL temporary license.

To obtain more information on-line about Athletic Training Licensure requirements, visit:

<https://www.mass.gov/orgs/board-of-allied-health-professionals>

or

[www.bocatc.org](http://www.bocatc.org)

## FEES

The application fee for an Athletic Trainer license for the state of Massachusetts is **\$209.00**. To apply for a temporary license, applicants must pay an additional **\$28.00**. Applicants who currently hold an Athletic Trainer license in another U.S. jurisdiction are considered endorsement applicants and must pay **\$265.00**. Payment can be made by certified check (no personal checks) or money order made payable to Professional Credential Services or with a Visa or MasterCard. **FEES SUBMITTED ARE NON-REFUNDABLE.**

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### ***MATERIALS TO BE SUBMITTED***

1. Completed licensure application;
2. Official transcripts with degree posting, or Certification of Completion only if transcripts have not been conferred (submitted in a school-sealed envelope);
3. Current BOC Certificate or proof of intent to take the next scheduled examination;
4. Verification of Licensure Status in other U.S. jurisdiction (if currently licensed in another state) directly from the State Board;
5. Criminal Offender Record Information (CORI) Form, signed and notarized; **and**
6. Certified check (no personal checks) or money order for **\$209.00** for initial license or **\$265.00** for endorsement license made payable to PCS (submit additional **\$28.00** if temporary license is requested).

### **MAIL COMPLETED APPLICATION MATERIALS TO:**

**Professional Credential Services, Inc.**

**Attn: AT Coordinator**

**P.O. Box 198689**

**Nashville, TN 37219-8689**

**Professional Credential Services, Inc.**  
P.O. Box 198689 - Nashville, TN 37219-8689 (877) 887-9727

**Application for a Massachusetts Athletic Trainer License**

**Type of Applicant:**

(check one)

- ☐ Licensure by Examination without temporary license - **\$209.00**  
☐ Licensure by Examination with temporary license - **\$237.00**  
☐ Licensure by Endorsement - **\$265.00**

**A. Biographical Information.**

Provide your full name and mailing address. It is very important that this section be completed in full.

First Name Middle Initial Last Name Other (Maiden)

Print your name, as it should appear on your license

**Mailing Address and Contact Information**

Street or PO Box

City State Zip Code

Telephone Number with Area Code Fax Number Email address

**B. Education.**

Provide undergraduate and graduate college/university information, major, degree, and date of graduation. Be sure to include your AT College. *Transcripts must be included in school-sealed envelopes.*

Undergraduate College/University	Location	Major	Undergraduate Degree & Date of Graduation(mm/yyyy)
Graduate College/University	Location	Major	Graduate Degree & Date of Graduation(mm/yyyy)

**C. BOC Certification.** If you have taken the certification examination, a verification letter from BOC is required. Use the enclosed verification form. If you have not taken the BOC examination or are awaiting results of the examination, you are allowed to practice under supervision upon receipt of your temporary license. Once PCS receives your final passing scores directly from BOC, a permanent license will be issued. The privilege of practicing with a temporary license may be used up to three times.

Have you taken the BOC Certification Examination? ☐ Yes ☐ No

If no, when and where are you scheduled to take the examination? \_\_\_\_\_

If yes, when and where did you take the examination? \_\_\_\_\_

Please provide examination score: \_\_\_\_\_ BOC Certification Number: \_\_\_\_\_

Is your BOC Certification current? ☐ Yes ☐ No

*If your certification is not current, you must attach a detailed explanation.*

Are you applying for a temporary licensure to practice under supervision?  
☐ Yes ☐ No

**D. Licensure by Endorsement.**

This section is applicable to persons holding a current or lapsed license as an Athletic Trainer issued by another state and/or is certified by BOC.

**List all states** in which you hold or held a license, including Massachusetts. If additional space is needed, please attach a separate sheet.

\*Please note: If you are applying by reciprocity and are lapsed in both a foreign jurisdiction and with BOC you must either:

- (a) become current in one jurisdiction
- (b) or reinstate your BOC certification

State	License Number	Date Licensed (mm/yyyy)	Current	Lapsed	Revoked/Suspended	Probation

If you have ever been licensed to practice as an Athletic Trainer in another state, or as something else in any state, you must make arrangements with each state to send verification of licensure status, either current or expired, directly to Professional Credential Services (PCS). It is the applicant's responsibility to notify the state and pay any fees required by another licensing state. *A copy of your license is NOT acceptable as verification.* The verification must have the official state seal.

**E. Questions.** Answer each of the questions listed. If you answer yes to any, please attach an explanation. All questions must be answered.

The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records and other Federal and professional records may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has any disciplinary action been taken against you by a licensing or certification board located in the United States or any country or foreign jurisdiction?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you the subject of pending disciplinary action by any licensing or certification board located in the United States or any country or foreign jurisdiction?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you voluntarily surrendered or resigned a professional license to a licensing or certification board in the United States or foreign jurisdiction?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever applied for and been denied a professional license in the United States or foreign jurisdictions?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than <u>\$250.00</u> was assessed? If yes, please attach a detailed explanation.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li><b>NOTICE – Please be advised, if your criminal conviction happened outside of Massachusetts, you will be required to submit a copy of your criminal record report from that jurisdiction where the incident(s) occurred along with the written explanation as noted above.</b></li> </ul> |                          |                          |
| 6. Are you presently practicing / working as an Athletic Trainer? If yes, please state where you are working, including city and state; when you started; and what your duties include.   | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> <hr/>   |                          |                          |
| 7. Have you ever been named in a malpractice suit? If yes, please attach an explanation.  | <input type="checkbox"/> | <input type="checkbox"/> |

**“To protect the health, safety, and well-being of the public”** – this is the goal of the licensure boards. Licensure is only one means by which this goal is implemented. Complaint investigation; interaction with other governmental agencies, professional associations and other states; interpretations of the law and its regulations; promoting continuing education and competence; these are some means by which licensure boards serve the public.

**F. General Questions – Chapter**

**66.7. ALL APPLICANTS MUST COMPLETE THE FOLLOWING SECTION.** The following questions are a sample of the information contained in Massachusetts General Laws, Chapter 112, Sections 23A-23Q and the Rules and Regulations of the Board. The purpose of these questions is to heighten your awareness of the laws and regulations in Massachusetts.

1. The requirements for renewal of an athletic trainer license include:
    - a. Payment of the renewal fee
    - b. Current CPR certification
    - c. Current BOC certification
    - d. All of the above
  2. An athletic trainer is required to work under the direction of:
    - a. A school Athletic Director
    - b. A physician or dentist
    - c. A coach
    - d. There is no requirement for an Athletic Trainer to work under direction of another professional
  3. An Athletic Trainer in Massachusetts:
    - a. Must limit his practice to schools, teams or organizations with whom he is associated
    - b. May provide physical therapy under the supervision of a physical therapist
    - c. May treat clients at a private health club without physician direction
    - d. Can practice on anyone
  4. An AT must renew his license:
    - a. Every 2 years, on the even year, by his birth date
    - b. Annually, according to the date on which the license was first issued
    - c. Every 2 years, by January 31 of every even year
    - d. Every 5 years
  5. The continuing education (CE) requirement for AT license renewal is:
    - a. Fifteen (15) contact hours of each renewal period
    - b. Fifteen (15) contact hours annually
    - c. Thirty (30) contact hours every 2 years
    - d. The amount of CE required by BOC for maintaining current certification
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6. In an emergency, an AT may render emergency care:
    - a. That is necessary to avoid disability or death of an injured athlete
    - b. Until he/she transfers responsibility for care to a physician, dentist or EMS personnel
    - c. For which he has the knowledge, skills and competence to provide
    - d. All of the above
  7. An AT's scope of practice includes:
    - a. Supervising physical therapist assistants
    - b. Providing massage therapy under the supervision of a PT
    - c. The application of principles, methods, and procedures of evaluation and treatment of athletic injuries
    - d. Application of selected orthotic and prosthetic devices or selected adaptive equipment
  8. Grounds for discipline against an AT's license include:
    - a. Receiving 2 traffic violations in a six month period
    - b. Failing to notify an Athletic Director that a student athlete may have a substance abuse problem
    - c. Teaching physicians about prevention of athletic injuries
    - d. Violating the Code of Ethics of the NATA
  9. Under a temporary AT license, an AT:
    - a. Must practice under the supervision of a fully licensed AT
    - b. Must work under the direct supervision of the team physician
    - c. Must practice under the supervision of either an AT or an EMT
    - d. May practice independently if approved by a school's Athletic Director
  10. An AT who supervises a student AT as part of the student's clinical affiliation:
    - a. May only allow the student to perform those activities that could be performed by an aide
    - b. May let the student work independently if the student is also an EMT
    - c. May supervise the student's performance of activities commensurate with the student's level of education
    - d. Should not permit the student to use electrical stimulation

**G. Athletic Trainer Questions.** To be completed by all applicants for Athletic Training licensure.

**H. Affidavit.** By signing this application, the applicant attests that this section has been read and fully understood. The application must be signed by the applicant and in the presence of a Notary Public in order to be processed.

By my signature below, I certify, under the pains and penalties of perjury, that:

1. I am the applicant named in this application and by date of birth is \_\_\_\_MM \_\_\_\_DD \_\_\_\_YY
2. My Social Security Number issued by the US Social Security Administration \_\_\_\_-\_\_\_\_-\_\_\_\_\*
3. The information that I have provided pursuant to this application is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Board of Allied Health Professions to deny, suspend, or revoke a license to practice as an Athletic Trainer, in accordance with Massachusetts law.
4. I shall abide by the rules and regulations of the Board of Allied Health Professions, as contained in Chapter 259 of the Code of Massachusetts Regulations.
5. Pursuant to M.G.L.c. 119, s. 51A, and M.G.L.c. 112, s.1A, I understand my obligation to report the abuse or neglect of children.
6. Pursuant to M.G.L.c. 62C, s. 49A, I have filed all Massachusetts State income tax returns and paid all taxes required by law.
7. The Massachusetts Board of Registration of Allied Health Professions, Division of Occupational Licensure, has been certified by the Criminal History Systems Board for access to all criminal case data. As an applicant for AT license, I acknowledge a criminal record check may be conducted for any existing criminal case information and that it will not necessarily disqualify me from licensure.
8. I understand that this application is abandoned if requirements for licensure are not met within one (1) year from the date of Board receipt of the application.
9. I understand that all fees are non-refundable and non-transferable.
10. I understand that if I submitted a Certification of Completion in lieu of an official transcript, I must ensure that the Board of Allied Health Professions receives an official transcript within seven (7) business days of degree conferral. I further acknowledge that failure to do so will cause a delay in renewing my license and/or effectuate disciplinary action.
11. I am aware that under Massachusetts law, athletic trainers can only work in licensed or licensed exempt facilities

**I. Applicant Signature.** Applicant MUST sign in the presence of a Notary Public and list date of birth.

**Applicant's Signature (signed in the presence of a Notary Public) & Date of Birth (MM/DD/YYYY)**

\*Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your Social Security Number and forward it to the Department of Revenue. The Department of Revenue will use your Social Security Number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

**J. Applicant Photo.** Applicant must attach an approximately 2"x2" passport style color photograph to the application. Copies of IDs, "selfies", and computer generated images cannot be accepted.



On \_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Print Name of Notary Public

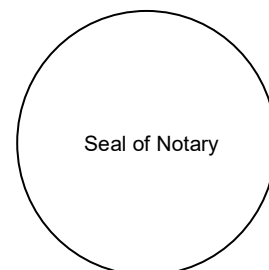
\_\_\_\_\_  
Signature of Notary Public

My Commission expires on \_\_\_\_\_  
Date

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me,  
the undersigned notary public, personally appeared \_\_\_\_\_ (Applicant's name),  
proved to me through satisfactory government issued evidence of identification,  
which was \_\_\_\_\_, to be the person who signed the  
preceding or attached document in my presence, and who swore or affirmed to  
me that the contents of the document are truthful and accurate to the best of (his)  
(her) knowledge and belief.

\_\_\_\_\_  
(Official signature)

\_\_\_\_\_  
(Name Notary)



**K. Special Accommodations.** In accordance with the Americans with Disabilities Act, special Accommodations may be provided



Check here if you require special Accommodations at the examination site for a disability. Please attach official medical documentation from your health care provider describing your condition. You must also indicate the type of modifications needed.

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## Certification of Completion of Educational Requirements

Licensure applicants for the Commonwealth of Massachusetts who are currently enrolled in an academic program, and whose degree in athletic training has not yet been conferred, must have the school registrar complete this to be submitted to PCS.

**NOTICE TO REGISTRAR:** This form is not to be signed, dated or submitted **prior to** completion of academic and clinical requirements by the candidate. Further, the Registrar certifies that the institution will forward an official transcript within seven (7) business days of degree conferral to the Mass. Board of Allied Health Professions c/o PCS, AT Coordinator; P.O. Box 198689, Nashville, TN 37219.

### TO BE COMPLETED BY REGISTRAR ONLY

Applicant Name Social Security Number

Name of Educational Institution Degree & Date of Degree Conferral

Street Address City, State ZIP Code

Date of Completion of Academic Requirements

Date of Completion of Clinical Requirements

I certify, under penalty of perjury, that the applicant named above has **completed all requirements** and there are no impediments to confer the degree stated above. Upon payment of required fees and permission from the applicant, I certify that an official transcript will be forwarded to the Mass. Board of Allied Health Professions, c/o PCS, AT Coordinator; P.O. Box 198689, Nashville, TN 37219 within seven (7) business days of degree conferral.

Signature of Registrar

Print Name

**School Seal  
(Embossed)**

Date Telephone Number

Send this completed form in sealed envelope to **PCS, AT Coordinator, P.O. Box 198689, Nashville, TN 37219**  
Send official transcript in sealed envelope to **PCS, AT Coordinator, P.O. Box 198689, Nashville, TN 37219**



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## VERIFICATION OF BOC CERTIFICATION

Applicant: Complete this section entirely. Mail this form along with payment of \$25.00 (do not send cash) for completion by **BOC**.

MAIL TO:  
1415 Harney St.  
Suite 200  
Omaha, NE 68102

**DO NOT SEND THIS FORM  
TO PCS WITHOUT THE  
NATA SEAL.**

\_\_\_\_\_  
Last Name First Name Middle Name Maiden

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Street Address Phone Number

\_\_\_\_\_  
City State ZIP Code

This section to be completed by an appropriate official of the Board of Certification (**BOC**) and then mail completed form to PCS.

### BOC OFFICE ONLY

I hereby certify that the aforementioned certified Athletic Trainer took and achieved a passing score on the written, written simulation, and oral practical portions of the BOC Certification Examination.

\_\_\_\_\_  
Name of Applicant Certification Number

\_\_\_\_\_  
Date of Certification Expiration Date

**BOC Seal**

\_\_\_\_\_  
Signature (BOC Official)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### ATTENTION BOC OFFICIAL

Please return the completed form to:  
Professional Credential Services, Inc.  
ATTN: AT Coordinator  
PO Box 198689  
Nashville, TN 37219-8689

**Board of Registration of  
Allied Health Professions  
1000 Washington St. Suite 710  
Boston, MA 02118**

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

**FOR LICENSING PURPOSES ONLY:**

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to an initial CORI check and a subsequent CORI check, both within one year of the date of this Form, and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please provide the name of the board of registration and license type for which you are applying or currently hold:*

\_\_\_\_\_  
Board of Registration

\_\_\_\_\_  
License Type

**NOTE: THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM WILL NOT BE ACCEPTED UNLESS IT HAS BEEN SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS COMPLETED THE "VERIFICATION BY NOTARY SECTION" ON PAGE TWO, DOCUMENTING THAT SAID NOTARY HAS VERIFIED THE IDENTITY OF THE SIGNER THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION.**

SUBJECT INFORMATION: (A red asterisk (\*) denotes a required field)

\*Last Name \*First Name Middle Name Suffix

\*Maiden Name (or other name(s) by which you have been known)

\*Date of Birth Place of Birth

\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

**IDENTITY VERIFICATION SECTION: Prior to submission to the Board's application vendor, this Section must be completed.**

**VERIFICATION BY NOTARY:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:<sup>1</sup>

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On

If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).

## Payment Form

Three payment options are available: Certified Check, Money Order or Credit Card. If paying by Certified Check or Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. DO NOT staple your payment to this form.

Please check form of payment below:

- ☐ Certified Check
- ☐ Money Order
- ☐ Credit Card

Authorized payment amount: \$ \_\_\_\_\_ Please check one: ☐ Visa or ☐ MasterCard

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

Print name as it appears on account: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Return this payment form with Application/Scheduling Form.**

*Note: This document will be shredded after it has been processed.*