DOCUMENT CHECKLIST – NEW ATHLETIC TRAINER APPLICATION

Each item indicates whether it can be submitted **ONLINE** via the application portal, or by **EMAIL or MAIL** directly to DC Health.

Also, please keep a photocopy of any submitted documents for your records, as they will not be returned.

☐ **Authorization to Release Information Form (if desired) (ONLINE)**

The Board cannot discuss the status or details of your application with a third party without a signed release from you authorizing the Board and its staff to communicate said matters.

☐ **One (1) Recent Passport Type Photo of the Applicant's Face (approx. 2" x 2") (ONLINE)**

The photo must be an original photo and cannot be a computer-generated copy or paper copy.

☐ **One (1) Photocopy of A Current Government Issued Photo ID (ONLINE)**

☐ **Social Security Number (ONLINE)**

Applicants without a social security number must submit the SSN affidavit found here: SSN Affidavit

☐ **Criminal Background Check (CBC) (ONLINE)**

To access the CBC form and instructions, go to https://dchealth.dc.gov/node/120532 or contact the CBC unit at (877) 783-4187.

☐ **Examination Score (EMAIL or MAIL)**

Examination scores must be received from the examining body.

☐ **Verification(s) of Licensure (EMAIL or MAIL)**

Verifications should be provided from the issuing jurisdiction(s) for each license identified on the application.

☐ **Official School Transcript(s) (EMAIL or MAIL)**

Transcripts should be provided in a sealed envelope from the issuing institution for each school listed on the application.

☐ **Board of Certification for Athletic Trainers (BOC) Certification (EMAIL or MAIL)**

Must submit a current and valid (BOC) certification. BOC certification must remain active.

https://bocatc.org/athletic-trainers/certification-verification/official-verification/official-certification-verification-overview

☐ **Malpractice Claims Form (if responded "Yes" to screening question) (ONLINE)**

Must submit all relevant court documentation (e.g., Complaint, Answer, and Final Order/Decision).

☐ **National Practitioner Databank (NPDB) Self Query Report (ONLINE)**

The Self-Query Report must be requested from the NBPD (https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp) no more than thirty (30) days prior to submission of the application.

☐ **Emergency Cardiac Care (ECC) Certification (ONLINE)**

Must submit a valid ECC certification at the Basic Life Support/Professional Rescuer level or above.

☐ **Payment (ONLINE)**

$264.00 (USD) Application Fee

$50.00 (USD) Criminal Background Check (CBC) Fee