State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board
Athletic Trainers Section

Athletic Training Endorsement Application Instructions

The endorsement application applies to any individual who currently holds a license to practice as an athletic trainer in another state or U.S. territory and who has NEVER held a license to practice athletic training in Ohio must submit an endorsement application. Please review rule 4755-43-01 of the Ohio Administrative Code for clarification on the requirements to apply for an Ohio athletic training license by endorsement.

Applications are reviewed on a weekly basis. All applications must be **FULLY** completed before they are reviewed and a license is issued. If your application remains incomplete for one year from the date the Board receives it, your file will be closed.

You may not practice athletic training in Ohio until you receive a license. Please note, all licenses issued for athletic trainers must be renewed by September 30th of even-numbered years.

To obtain a license by endorsement in Ohio, you must complete all of the following:

(This instruction sheet is for your personal records.)

Application Fee

- ❑ The application fee is $100.00. Application fees are non-refundable.

Criminal Records Check

- ❑ You must submit fingerprints for a criminal records check completed by the Ohio Bureau of Criminal Identification and Investigation (BCI) and the Federal Bureau of Investigation (FBI).
- ❑ You need both the BCI and FBI records check for initial licensure. By law, the Board cannot complete the processing of your application until it receives the criminal records check reports from BCI and FBI.
- ❑ Under rule 4755-43-07 (E) of the Administrative code, "a new criminal records check will be required if the applicant's criminal records check on file with the Board is greater than six months old based on the date the received the report." As a result, if a license is not issued within 6 months of the date the Board receives the results, the applicant will need to submit new criminal records checks.

Photograph

- ❑ Please staple a passport style photograph of your face taken within the six month period immediately preceding the date of your application. The photo should be 2 x 2 inches in size. If the photo is digital, it must be a clear representation and must meet the specifications listed above. Photos not meeting these standards are not accepted. For more information please review the *Passport Photograph Guidelines* on the Board's website (http://otptat.ohio.gov).

Jurisprudence Examination

- ❑ You must score a 90% or better to pass the examination The Ohio AT Jurisprudence Exam can be accessed at https://ohiootptatboard.myicourse.com.

Official Transcript(s)

- ❑ This document must come to the Board directly from your educational institution. Documents received from the applicant will not be accepted.
- ❑ Read the Athletic Training Course Requirements and show proof of course areas listed on the appropriate Education Check List. If you have graduated from a CAATE accredited athletic training education program on or after January 1, 2004, you are not required to submit the Education Checklist. An official transcript is sufficient.

BOC Verification of Examination

- ❑ You must provide proof that you passed the BOC examination. This must be obtained directly from the BOC. Visit their website (www.bocatc.org) to request an official verification be forwarded to Ohio. You can request a written verification under the "Certification Verification" tab of the BOC website.

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board
Athletic Trainers Section

Athletic Training Endorsement Application Instructions

Verification of Licensure

- ❑ You must provide an official verification from any state in which you currently hold or have ever held a license or certification to practice athletic training or another healthcare profession.

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board
Occupational Therapy Section

Online Application Instructions

Individuals must submit an online initial license application for occupational therapy, physical therapy, and/or athletic training through the Ohio e-License Center.

The link to the **Online Initial License Application** site is:

https://license.ohio.gov/Applications/default.asp?division=92

After applying online, applicants are required to submit the Certification of Applicant for Online Applications document, in addition to any other supporting materials required as part of the application.

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

Governor
John R. Kasich
Executive Director
Jeffrey M. Rosa

Military Request Application Addendum

(This form applies to members of the armed forces, veterans, and spouses of members of the armed forces/veterans)

Please provide the First and Last Name and Social Security Number of the individual applying for the Ohio license:	
1. Have you served in the U.S. military?	Yes No
2. Has your spouse served in the U.S. military?	Yes No

If you answered No to both question 1 and 2, you are not eligible for military benefits.

3. If you answered Yes to question 2, please provide your spouse's First and Last Name:	
4. In which branch of the military did you/your spouse serve?	
5. Please provide the military service dates:	Military Service From: Military Service To:
6. Are you still active in the military or reserves?	Yes No
7. Were you discharged under honorable conditions?	Yes No
8. For which profession are you seeking a license?	OT | OTA | PT | PTA | AT

In addition to this application addendum, you must also submit the appropriate licensure application and a copy of your/your spouse's DD214 form or proof of current service. Please contact your County Veterans Services Office (1-877-OHIO-VET) or the Ohio Department of Veterans Services (www.ohiovet.gov) if you need assistance in obtaining a copy of the DD214 form.

You can access the licensure application at http://otptat.ohio.gov.

(Revised June 2014)

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

Governor
John R. Kasich
Executive Director
Jeffrey M. Rosa

CRIMINAL RECORDS CHECK REQUIRED FOR INITIAL LICENSURE

Section 4755.70 of the Ohio Revised Code requires all individuals applying for a license issued by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board to submit fingerprints for a criminal records check completed by the Ohio Bureau of Criminal Identification and Investigation (BCI) and the Federal Bureau of Investigation (FBI).

Instructions for Individuals Residing in Ohio or Within 75 Miles of Ohio

Applicants residing in Ohio or within 75 miles of Ohio are required to utilize "WebCheck" to electronically submit their fingerprints to BCI. The Board will typically receive the results of a criminal records check submitted via "WebCheck" within 7 to 10 business days. In addition to the $22 BCI fee and the $24 FBI fee, the electronic fingerprinting company or law enforcement agency may charge its own fee to process the fingerprints.

Since the law requires applicants to submit a records check completed by both BCI and the FBI, you must use the services of a "WebCheck" vendor. The sheriff's offices in most of Ohio's 88 counties participate in "Webcheck." A list of other "WebCheck" vendors in Ohio, arranged by county, is available online at:

http://www.ohioattorneygeneral.gov/Services/Business/WebCheck/Webcheck-Community-Listing

When locating an electronic fingerprinting site on the webpage, please note that you must use the services of a vendor that has (BCI & FBI) listed after the vendor's name. Only these entities participate in "WebCheck." The Board does not endorse or recommend any specific electronic fingerprinting company.

You need both the BCI and FBI records check for initial licensure. By law, the Board cannot complete the processing of your application until it receives the background check reports from BCI and FBI.

Steps for "WebCheck"

1. Identify a "WebCheck" vendor that has **(BCI & FBI)** listed after the vendor's name.
2. Tell the "Webcheck" vendor to select "**OT, PT, and Athletic Trainers Board**" from the Direct Copy dropdown list at the Webcheck workstation.
3. Request both a BCI and FBI criminal records check.
4. List the reason fingerprinted as: **Required for licensing per ORC 4755.70**
5. Agency Code: **1AB002 (if requested)**
6. Submit your fee directly to the "WebCheck" vendor. **Do not send your fingerprints or fee to the Board.**

Bring the following information with you to the Webcheck Vendor: (1) this notice; (2) a valid form of photo identification, and (3) payment, in the appropriate amount and form, payable to the vendor.

Revised April 2015

Instructions for Individuals Residing More than 75 Miles From Ohio

You must contact the Board at board@otptat.ohio.gov or 614-466-3774 to request that the Board mail you the appropriate forms to have your fingerprints taken at a local law enforcement agency. Please note, the Board will not mail these cards until after you submit an initial application for licensure. In addition, it takes the FBI 3 to 4 months to process ink rolled fingerprints. Since Ohio does not have temporary licensure, please take this delay into account. You may also elect to physically come to Ohio to have your fingerprints taken electronically to minimize the time it takes to process your application.

Additional Information for Individuals Who Previously Submitted Fingerprints to BCI

When an individual submits fingerprints to BCI for a criminal records check, BCI will keep the fingerprints on file for twelve (12) months. If less than one year has passed since the initial submission of fingerprints to BCI, the applicant can request that BCI run another check on the same fingerprints and run a new criminal records check report to be sent to the Board. In this situation, BCI charges the applicant $8. You will need to provide BCI with the information identified above in the "Steps for WebCheck" section of this notice. If more than 12 months passed since you submitted your fingerprints to the BCI, you will need to submit new fingerprints and follow the steps identified in the first page of this notice.

This service only applies for the BCI check. Even if you previously submitted your fingerprints to the FBI, you will need to identify a "WebCheck" vendor that has (BCI & FBI) listed after the vendor's name, submit new fingerprints, and request that the FBI criminal records check results be sent directly to the Board. You will need to bring this notice with you to the "WebCheck" vendor but will only need to request the FBI check.

Frequently Asked Questions

Question: I recently had an FBI records check completed for another purpose. Can I just use those results to meet the requirements of the Board?

Answer: *No. The law requires that an applicant for an initial license from a licensing agency shall submit a request to the bureau of criminal identification and investigation for a criminal records check of the applicant. Upon completion of the criminal records check, the superintendent of BCI shall report the results of the check, and any information the FBI provides, to the licensing agency identified in the request for a criminal records check.*

Question: How much time will this add to the licensure process?

Answer: *The Board typically receives the criminal records check results approximately 7-10 days after you are electronically fingerprinted. For out-of-state applicants completing the ink-rolled fingerprints, it takes the FBI 3-4 months to process the fingerprints and submit the results of the criminal records check to the Board.*

Question: What happens if I have a criminal history reported to the Board?

Answer: *The Board will review the records related to the criminal history and determine if the offenses identified make you ineligible for licensure in Ohio.*

Question: Will I need to submit a criminal records check to renew my license every two years?

Answer: *No. The records check requirement does not apply to the biennial renewal process or to individuals reinstating an expired Ohio license.*

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

Governor
John Kasich
Executive Director
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Requirements for Applicants with Felony Convictions

If you are applying for licensure in the State of Ohio and you were convicted of a felony, you must provide the Board with a signed statement describing the details of the event(s) that led to the felony conviction and certified copies of the following court records:

1. Indictment
2. Plea Entry
3. Disposition
4. Sentencing Entry
5. Terms of Parole or Probation
6. Parole or Probation Release/Discharge

Failure to provide these documents will result in a delay in the processing of your applications. If you have any questions about this requirement, please contact the Board at 614-466-3774 or board@otptat.ohio.gov.

CERTIFICATION OF APPLICANT (for online applications only)
This form must be sworn to in the presence of a Notary Public or an officer authorized to administer oaths.

This portion must be completed by the applicant. Please print or type.	
Applicant Name (First, Middle, Last):	**Staple Passport Photograph Here** Photograph must be 2x2 inches in size, full face, front view, between 1 inch and 1 3/8 inches from the bottom of the chin to the top of the head. Background color white, off-white, or light blue. Photograph must be taken with the past 6 months. Print and sign your name on the back of the photograph.
Social Security Number or Alien Registration Number:	
Daytime Phone Number	
Email Address	

I, _____, certify that I am the person referred to in the application submitted electronically via the Ohio e-license system and that the statements contained in that electronic application are true in every respect, and that the attached photograph is a true likeness of myself taken within the past six (6) months.

I hereby authorize all my references; educational institutions; employers; business; professional organizations and associates - past, present, and future- to release to the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board any information requested by the Board in connection with the processing of this application or subsequent licensure.

In compliance with the Revised Code, section 1347.05(E) you are notified that failure to supply the information requested on the application may result in denial of the application.

I hereby certify to the Athletic Trainers Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board that I am not presently functioning and will not function as an athletic trainer or use any initials, titles or words which imply that I am licensed in Ohio to perform athletic training services until I am granted licensure by the Athletic Trainers Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board.

I further certify that if I accept employment in an athletic training setting in Ohio prior to licensure by the Athletic Trainers Section, I will perform only at the direction of a licensed athletic trainer and will only perform only duties which may be legally performed by "**UNLICENSED PERSONNEL**".

I further certify that if I hold an H-1B visa, I am not employed in any capacity that violates the terms of my H-1B visa.

I understand that the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board is authorized by law to initiate action against a person who unlawfully uses the words athletic trainer, athletic training, licensed athletic trainer, licensed trainer, or the letters A.T., L.A.T., or any other letters, words, abbreviations, or insignia indicating or implying that the individual is an athletic trainer unless the person holds a valid license under sections 4755.60 to 4755.65 of the Revised Code or implies by actions or otherwise engages in the practice of athletic training unless the individual holds a valid license under sections 4755.60 to 4755.65 of the Revised Code.

I understand that the Athletic Trainers Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board may refuse to grant licensure to me or suspend or revoke my license if I violate any provision of sections 4755.60 to 4755.65 of the Ohio Revised Code.

_____ _____
Applicant's Signature Date

Subscribed and sworn to in my presence this _____ day of _____, Year_____

_____ _____
Signature of Notary Date Commission Expires

Notary Seal

Return This Document To:
Ohio OT PT AT Board, 77 South High Street, 16th Floor, Columbus, Ohio 43215-6108

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Passport Photograph Guidelines

The Ohio OTPTAT Board accepts passport photographs that meet the US Passport Guidelines established by the U.S. Department of State's Passport Services Directorate. For additional information on the photograph preparation requirements contained in the US Passport guidelines please visit the U.S. Department of State's travel information website (http://travel.state.gov).

Photograph Positioning and Background

1. Frame subject with full face, front view, eyes open
2. Make sure photo presents full head from top of hair to bottom of chin; height of head should measure 1 inch to 1-3/8 inch (25 mm to 35 mm)
3. Center head within frame (see page 2)
4. Make sure eye level is between 1-1/8 inch and 1-3/8 inch (28 mm and 35 mm) from bottom of photo
5. Photograph subject against a plain white or off-white background
6. Position subject and lighting so that there are no distracting shadows on the face or background
7. Encourage subject to have a natural expression

Photograph Print Properties

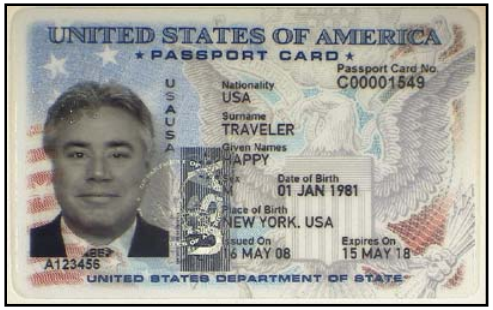
Produce 2 inch x 2 inch (51 mm x 51 mm) color photo. Print photo on thin photo paper or stock. Ensure the print is clear and has a continuous tone quality. Do not retouch or otherwise enhance or soften photo.

The following pages were taken from the U.S. Department of State's website (http://travel.state.gov).

Revised January 2011

77 S. High Street, 16th Floor · Columbus, Ohio 43215-6108 · 614-466-3774 · Fax: 614-995-0816 ·
http://otptat.ohio.gov · board@otptat.ohio.gov

Passport Book & Card Photograph Quality Requirements



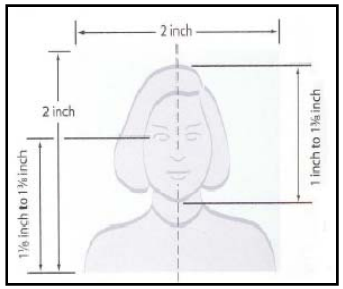
In order to print your passport picture, clear and correctly exposed photos must be submitted with your application – especially when applying for the U.S. passport card which displays a black and white image of the bearer. See the following examples of acceptable and unacceptable photos to ensure that the photographs you submit are correct.

The **most common** reason for a passport photo to be rejected for use is the **over exposure** or **lightness** of the photograph.

Photo 1 is **not acceptable** because it is **over exposed**, as you can see from the light patches discoloring the woman's face.

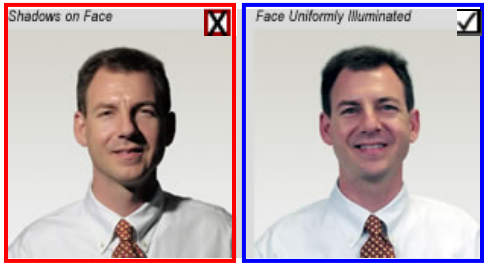
Photo 2 is acceptable

Photographs should be **2 x 2 inches** in size. The face size, measured from the bottom of the chin to the top of the head (including hair), should not be less than 1 inch or more than 1 3/8 inches.

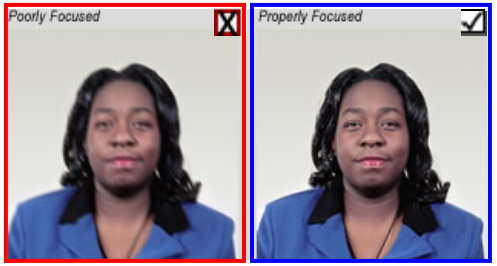


Other examples of unacceptable and acceptable passport photographs include:

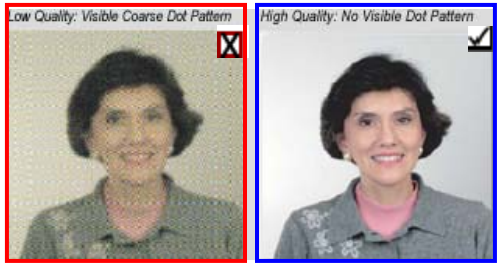
Shadows on Face



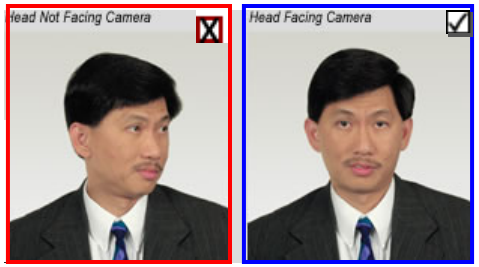
Poorly Focused



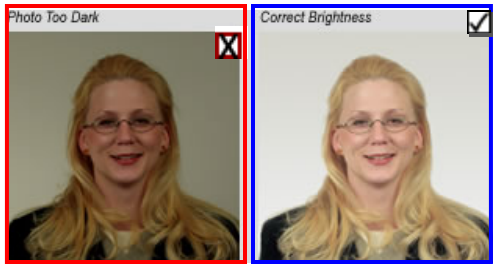
Low Quality/Visible Dots



Incorrect Facial Direction



Dark Photo



Passport and Visa Digital Image Requirements and Specifications

The submitted digital face image must adhere to the following specifications. Please be advised that failure to comply with any of the following requirements may result in rejection of your image by the online image quality assessment test or by a human reviewer.

Examples of well-composed images

Image Requirements – Technical Specifications	
Acquisition	The image file may be produced by acquiring an image with a **digital camera** or by digitizing a paper photograph with a **scanner**.
Dimensions	Image pixel dimensions must be in a square aspect ratio (meaning the height must be equal to the width). Minimum acceptable dimensions are **600 pixels (width) × 600 pixels (height)**. Maximum acceptable dimensions are **1200 pixels (width) × 1200 pixels (height)**.
Color	Must be in color (24 bits per pixel) in **sRGB** color space (common output of most digital cameras).
File Format	Must be in the Joint Photographic Experts Group (**JPEG**) file interchange format (JFIF).
File Size	Must be less than or equal to **240 kilobytes**.
Compression	The image may need to be compressed in order for it to be under the maximum file size. The compression ratio used should be less than or equal to 20:1.
Additional requirements if scanning:	
Print Size	If scanning the image from a paper photograph, the size of the paper photograph should be at least 2 inches × 2 inches (51 mm × 51 mm) square.
Resolution	Printed photographs should be scanned at a sampling frequency of at least 300 pixels per inch.
Image Requirements – Composition	

Content	• The image must contain the full face, neck, and shoulders of the applicant in frontal view with a neutral, non-smiling expression and with eyes open and unobstructed and directed at the camera. • All facial features must be visible and unobstructed. • No extraneous objects, additional people, parts of the body below the applicant's shoulders, or other artifacts. • The image must be from a recent (within 6 months) photo of the applicant.
Head Size	• The head height or facial region size (measured from the top of the head, including the hair, to the bottom of the chin) must be between 50% and 69% of the image's total height. • The eye height (measured from the bottom of the image to the level of the eyes) should be between 56% and 69% of the image's height.
Head Orientation	• Subject must directly face the camera. • Head must not be tilted up, down, to the side, or toward the shoulders. • Head must be centered within frame.
Background	• Subject must be surrounded by a plain, light-colored background with no distracting shadows on the subject or background.
Focus	• The entire face must be in focus and not overly-sharpened.
Brightness/ Contrast	• Brightness and contrast should represent subject accurately.
Color	• Image must be in color (24 bits per pixel). • Black and white photos are not acceptable. • Color should reproduce natural skin tones. • Color must be continuous tone – no posterization.
Exposure/ Lighting	• Photo may not be over- or under-exposed.

	• Avoid shadows on face or background.
Resolution	• Fine facial features should be discernible. • No discernible pixels/pixelization, graininess, or dot patterns.
Compression	• Image must not be overly compressed (the compression ratio used should be less than or equal to 20:1).
Alteration	• Digital enhancement or other alterations or retouching are not permitted. • When resizing, the aspect ratio of the image must be preserved (no image stretching is allowed).
Eyeglasses	• Eyeglasses are acceptable in photo only if the lenses are not tinted and there is no glare, shadows, or rims/frames obscuring the eyes. Glare on eyeglasses can usually by avoided by a slight upward or downward tilt of the head. • Dark glasses or nonprescription glasses with tinted lenses are not acceptable unless you need them for medical reasons.
Decorative Items	• No sunglasses or other items that obscure the face. • Hats or head coverings are only allowed if worn for religious reasons AND if they do not obscure any facial features.

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board
Athletic Trainers Section

Athletic Training Course Requirements

The following is a listing of the courses that are required for licensure in Ohio. Individuals graduating from a CAAHEP/CAATE accredited athletic training program on or after January 1, 2004 automatically meet the educational requirements contained in law. You must provide proof of completion of each course listed on an official college/university transcript. Combining coursework or using more than one course to meet multiple course requirements is not acceptable. Continuing education courses and/or correspondence courses are not an acceptable way to meet any requirement listed below. A brief description of what is required for each course is listed after the course title.

Anatomy:

- The basics of human anatomy.

Physiology:

- The basics of human physiology.

Physiology of Exercise:

- In-depth examination of the effects of acute and chronic exercise on the human body.

Applied Anatomy/Kinesiology:

- Theory and clinical application of biomechanics, kinetics, and kinematics by Athletic Trainers in the prevention, evaluation, management, and rehabilitation of injuries.

Psychology:

- The application of the scientific method to behavior; topics include learning, motivation, perception, personality, physiological basis of behavior.

First Aid & Cardiopulmonary Resuscitation:

- First aid and emergency management of athletic injuries and illness.
- Copies of your current first aid and/or CPR certification may be used to fulfill this requirement.

Nutrition:

- Introduction to the basic principles of nutrition as they relate to exercise performance and body composition of athletes and the physically active.

Therapeutic Exercise, Remedial Exercise, Rehabilitation:

- Theory and clinical application of therapeutic exercise in the rehabilitation of upper and lower extremity injuries and illnesses by Athletic Trainers.
- Exercise testing for special populations; cardiac rehabilitation procedures; preventive exercise training programs.

Personal/Community/School Health:

- An introduction of the delivery of personal, school, or community health care in America.

Introductory Athletic Training and Advanced Athletic Training:

(The items listed below must be covered between the two courses)

- Modalities
- Dealing with Athletic Populations
- Nutritional Concerns
- Environmental Concerns
- Protective Equipment
- Health Care
- Training Room Management
- Basic Pre-Participation Evaluations
- Taping, Wrapping, Bandaging, and Bracing
- Assistive Devices
- Mechanism of Injuries
- Functional Testing
- Injury Assessment
- Injury Prevention

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board
Athletic Trainers Section

Education Check List A

This form must be completed by any individual who graduated prior to July 1, 2002.

Section I: This portion must be completed by the applicant. Please print or type.			
Name (First, Middle, Last):			
Name of School(s)			
Content Area	**YES**	**NO**	**Course Name and Number on Transcript**
(Example): Human Anatomy	***X***		***Human Anatomy – Bio 109***
ANATOMY			
PHYSIOLOGY			
PHYSIOLOGY OF EXERCISE			
APPLIED ANATOMY/KINESIOLOGY			
PSYCHOLOGY (ONE COURSE)			
FIRST AID & CARDIOPULMONARY RESUSCITATION			
NUTRITION			
THERAPEUTIC EXERCISE/REMEDIAL EXERCISE/REHABILITATION			
PERSONAL/COMMUNITY/SCHOOL HEALTH			
INTRODUCTORY ATHLETIC TRAINING			
ADVANCED ATHLETIC TRAINING			
Note:			

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77 South High Street, 16th Floor
Columbus, OH 43215-6108

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board
Athletic Trainers Section

Education Check List B

This form must be completed by any individual who graduated between July 2, 2002 and December 31, 2003.

Section I: This portion must be completed by the applicant. Please print or type.			
Name (First, Middle, Last):			
Name of School(s)			
Content Area	**YES**	**NO**	**Course Name and Number on Transcript**
(Example): Human Anatomy	***X***		***Human Anatomy – Bio 109***
HUMAN ANATOMY			
HUMAN PHYSIOLOGY			
THERAPEUTIC MODALITIES			
EXERCISE PHYSIOLOGY			
KINESIOLOGY / BIOMECHANICS			
PSYCHOLOGY (ONE COURSE)			
NUTRITION			
FIRST AID & EMERGENCY CARE			
THERAPEUTIC EXERCISE / REHABILITATION OF ATHLETIC INJURIES			
PERSONAL/COMMUNITY/SCHOOL HEALTH			
PREVENTION OF ATHLETIC INJURIES/ILLNESS			
EVALUATION OF ATHLETIC INJURIES/ILLNESS			
ADMINISTRATION OF ATHLETIC TRAINING PROGRAMS			
Note:			

Return This Document To:
Ohio OT PT AT Board
77 South High Street, 16th Floor
Columbus, OH 43215-6108

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Verification of Licensure

This form must be completed by an official from each jurisdiction where the applicant currently holds or has ever held a license, certification, or registration to practice an occupational health profession. Jurisdiction means any state, U.S. territory, or foreign country. You may copy this form and forward it as needed. Please contact each state directly to determine their license verification process.

This section must be completed by the applicant. Please print or type.		
Name (First, Middle, Last):	Maiden Name:	
Name as it appears on this state's license, certificate, registration, or permit:		
Type of License/Certificate/Registration/Permit: ○ OT ○ OTA ○ PT ○ PTA ○ AT ○ Other _____	Jurisdiction	License Number
Social Security Number:	Date of Birth (mm/dd/yyyy):	

The Ohio OT PT AT Board requests that I submit evidence of my license/certification/registration/permit in your jurisdiction. You are hereby authorized to release any information in your possession pertaining to me directly to the Ohio OT PT AT Board, 77 South High Street, 16th Floor, Columbus, Ohio, 43215-6108.

Applicant Signature _____ Date _____

This section must be completed by an administrative officer of the regulatory agency. Please print or type.			
Licensure Jurisdiction:	License Number:	Original Issue Date:	Expiration Date:
Current Licensure Status: ○ Active ○ Inactive/Expired ○ Suspended/Revoked ○ Other (Explain)			
The license was issued on the basis of: ○ Examination ○ Endorsement ○ NBCOT or BOC ○ Grandfather ○ Other (Explain)			
Has the applicant's license to practice ever been restricted or disciplined in any way? If yes, please explain and attach any relevant documentation.			
Does the applicant have any pending complaints or is the applicant currently under investigation? If yes, please explain and attach any relevant documentation.			

Print Name _____ Title _____

Signature _____ Date _____

Return This Document To:

Ohio OT PT AT Board
77 South High Street, 16th Floor
Columbus, OH 43215-6108

Board Seal

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board
Athletic Trainer's Section

Athletic Training Jurisprudence Examination Instructions

The Ohio AT Jurisprudence Exam is open book. You will need to download the Ohio Athletic Training Practice Act (Laws and Rules) before beginning this examination.

1. You will need to create a user profile to access the online Ohio AT Jurisprudence Exam. To create a user profile, click on the "New User" link in the upper right hand corner of the page accessed at the link below and complete the required information. The accuracy of this information will help ensure that the Board can match your exam results to your license application and/or your Ohio license.

2. On the Course Catalog page, select the box in the Enroll column next to the appropriate exam and click on the "Order now" button.

   *Please select the "**Ohio AT Jurisprudence Exam For Licensure Applicants**" on the Course Catalog page if you are taking the exam as part of your licensure application.

   *Please select the "**Ohio AT Jurisprudence Exam for CE Credit**" on the Course Catalog page if you are taking the exam for continuing education credit.

   There is no additional fee to take the Jurisprudence Exam.

3. Once you complete the exam, you will see your score and will be prompted to send transcripts. The Board will automatically receive a copy of the transcript that you send to yourself. Make sure to: (1) check the box to add the course to your transcript; (2) enter your email address in the "E-mail Transcripts to:" box; (3) preview the transcript; and (4) send the transcript.

Please do not forget to request that the transcript be sent.

The Ohio AT Jurisprudence Exam can be accessed at **https://ohiootptatboard.myicourse.com**.