



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



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## 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
<i>(Example): Human Anatomy</i>	X		<i>Human Anatomy – Bio 109</i>
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			
<b>Note:</b>			

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# State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board  
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## 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
<i>(Example): Human Anatomy</i>	X		<i>Human Anatomy – Bio 109</i>
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			
<i>Note:</i>			

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