South Carolina Athletic Trainers' Application For Certification

Last Name	First Name	Middle Initial
_____	_____	_____

Work Phone Number	Home Phone Number	Cell Phone Number
_____	_____	_____

E-mail address: _____

Address where you wish to receive your mail:

_____

_____

_____

Current Job Setting (Please check all that apply):

1. _____College 2. _____High School 3. _____Clinic

4. _____Hospital 5. _____Professional 6. _____Other

Please enclose the following items with this application. ***Incomplete applications will not be processed.***

1. Attach a photocopy of your current Board of Certification (**BOC)** certification card.
2. Attach a photocopy of a *"**certified college transcript**"* that will attest that you have met the athletic training curriculum requirements of a college or university.
3. Enclose a check for **$ 50.00** made out to: **SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**.

BOC Certification Number: _____

Are you certified as an Athletic Trainer in any other state: _____
If so, include a photocopy of your out-of-state AT license.

Mail this application and all required documents to:
SC DHEC DIVISION OF EMS & TRAUMA
Athletic Trainer Coordinator
Attention: Don Whiteley
2600 Bull Street
Columbia, SC 29201
(9-3-10)