

**SOUTH CAROLINA ATHLETIC TRAINERS'
RENEWAL APPLICATION**

Dear certified athletic trainer:

It is time to renew your South Carolina State Certification. **Please complete the renewal form and return with the following items required for renewal:**

1. **A check for \$40.00 made out to the SC Department of Health and Environmental Control.**
2. **Copies of your 2 DHEC CEU cards from the SCATA Meeting.**
3. **A copy of a current CPR card.**

To avoid a late fee of fifteen dollars (\$15.00), send in all renewal materials and your check prior to _____. A restoration fee of one hundred dollars (\$100.00) will be charged for failure to renew within six months of one's expiration date. A twenty dollars (\$20.00) fee will be assessed for returned checks.

Date _____

Name _____

SC athletic trainer certification number _____

Address at which you wish to receive your mail:

Phone number _____(work) _____(home)

Is the above address a: () new address () home address () work address

Current job setting (please check one):

- | | |
|--------------------|---------------------|
| 1. () college | 4. () hospital |
| 2. () high school | 5. () professional |
| 3. () clinic | 6. () other _____ |

**Return to: SC DHEC-EMS and Trauma
2600 Bull St.
Columbia, S.C. 29201
Attention: Athletic Trainer Certification Program**

If you have questions, call Mr. Don Whiteley at (803) 545-4204.

Revised 2-01-09