ADVISORY BOARD OF ATHLETIC TRAINERS
Texas Department of State Health Services
P.O. Box 149347, Mail Code 1982
Austin, Texas 78714-9347
(512) 834-6615
(512) 834-6677 Fax

APPRENTICESHIP RECORD
TO BE COMPLETED BY SUPERVISING ATHLETIC TRAINER

Applicants who do not hold current NATA-BOC certification must submit proof of completion of an apprenticeship in athletic training meeting the following guidelines: The program shall be under the direct supervision of and on the same campus as a Texas licensed athletic trainer, or if out-of-state, the college or university's certified or state licensed trainer. The apprenticeship must be a minimum of 1800 clock hours. It must be based on the academic calendar and must be completed during at least five fall and/or spring semesters. Hours in the classroom do not count toward apprenticeship hours. 1500 clock hours of the apprenticeship shall be fulfilled while enrolled as a student at the college or university where the applicant is completing the apprenticeship. The hours must be completed in college or university intercollegiate sports programs, except that 300 clock hours of the 1800 clock hours may be completed at an alternate site. Use the form **Apprenticeship Record- Alternate Site** for instructions on documenting hours earned at an alternate site. If the applicant worked for more than one supervising athletic trainer, make a copy of this form and have each supervising athletic trainer sign the apprenticeship verification section.

APPRENTICESHIP RECORD FOR: _____.
Name of Applicant

COLLEGE OR UNIVERSITY: _____.
Report hours in college or university intercollegiate sports programs by semester:

Semester Begin Date	Semester End Date	Sports Worked	Total clock hours

APPRENTICESHIP VERIFICATION:

I hereby certify that the applicant named above worked under my direct supervision as a student athletic trainer. I certify that the apprenticeship meets the requirements noted above. I further certify that the applicant's apprenticeship was in clinical, game, or practice situations while working in college or university intercollegiate sports programs.

_____.
Signature of Supervising Athletic Trainer

_____.
Date

_____.
Printed Name and Job Title

_____.
Telephone

_____.
Address

_____.
City, State, Zip

_____.
Texas License Number

_____.
NATABOC Certification Number, if out-of-state

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APPRENTICESHIP RECORD - ALTERNATE SITE

Applicants who do not hold current NATA-BOC certification must submit proof of completion of an apprenticeship in athletic training meeting the following guidelines: The program shall be under the direct supervision of and on the same campus as a Texas licensed athletic trainer, or if out-of-state, the college or university's certified or state licensed trainer. The apprenticeship must be a minimum of 1800 clock hours. It must be based on the academic calendar and must be completed during at least five fall and/or spring semesters. Hours in the classroom do not count toward apprenticeship hours. 1500 clock hours of the apprenticeship shall be fulfilled while enrolled as a student at the college or university where the applicant is completing the apprenticeship. The hours must be completed in college or university intercollegiate sports programs, except that 300 clock hours of the 1800 clock hours may be completed at an alternate site:

(1) a clinic setting which the college or university's supervising athletic trainer has approved; under the direct supervision
of a licensed physician, a licensed athletic trainer, or a licensed physical therapist
(2) a secondary school setting (limited to sports in grades 7-12) arranged by the college or university's supervising athletic trainer; under the direct supervision of a licensed athletic trainer
(3) a professional or semi-professional setting arranged by the college or university's supervising athletic trainer

Use this form to document apprenticeship hours earned at an alternate site. If the applicant earned hours at more than one alternate site, make copies of this form and submit a separate form for each alternate site.

ALTERNATE SITE RECORD FOR: _____.
Name of Applicant

ALTERNATE SITE: _____.
Name and location

Semester Begin Date	Semester End Date	Describe Work Performed	Total clock hours

ALTERNATE SITE VERIFICATION:
I certify that the applicant named above worked under my supervision as a student athletic trainer.

_____. Signature of Supervisor at Alternate Site

_____. Date

_____. Printed Name, Job Title, and License Number

_____. Telephone

_____. Address

_____. City, State, Zip

SUPERVISING ATHLETIC TRAINER VERIFICATION:
I certify that I approved or arranged this alternate site for the student athletic trainer named above.

_____. Signature of Supervising Athletic Trainer

_____ Date

_____. Address

_____. City, State, Zip