October 24, 2019

TO: Licensed Athletic Trainers

FROM: Ebony Gunn
Special Project Officer IV

RE: Renewal of Licensure

Your Athletic Trainer license is due to expire on December 31, 2019. Enclosed is your renewal application for 2020, which must be completed, including the supporting documents and fees, and postmarked no later than December 31, 2019. Listed below are the steps to renewal:

1. **Renewal Application** - complete as indicated on the form.
   (Note: If there is a name change, proof must accompany the renewal application.)

2. **Fee** - a check or money order in the amount of $50.00 must accompany the renewal form.
   (Note: Renewal applications postmarked after December 31, 2019 will be subject to the reinstatement fee of $200.00, in addition to the renewal fee, as set forth in the Regulations Governing Licensure of Athletic Trainers, Rule 1.6.3, for a total fee of $250.00)

3. **Continuing Education** - The following will be acceptable:
   a. Proof of having filed with BOC, Inc.
   b. Copy of current BOC, Inc., card, valid on the date of renewal.
   c. Proof of having filed with MATA.
   d. Copies of certificates of attendance

Any questions or comments should be directed to my attention as follows:
MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE-ATHLETIC TRAINER
PO BOX 1700
JACKSON, MS 39215-1700
(601) 364-7360
(601) 367-5057 (FAX)
MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE - ATHLETIC TRAINERS
PO BOX 1700
JACKSON, MS 39215-1700
(601)364-7360

November 21, 2019

☐ Check here if you do not wish to renew
☐ Check here if you have changes

NAME:

ADDRESS:

RENEWAL APPLICATION - JANUARY 1, 2020 TO DECEMBER 31, 2020
CORRECT AND UPDATE ALL INFORMATION

PERSONAL

Name: License #: DOB:

Address: County: Phone: NATA#:

EMPLOYER

Name:

Address: County: Phone:

1. Have you been arrested, have pending charges or have been convicted of any violations of law (except minor traffic violations) since your last application? If yes, attach a full explanation.

2. Have any criminal or civil lawsuits been filed against you since your last application? If yes, attach a full explanation.

3. Have you had any license, credential, or registration disciplined or reprimanded since your last application? If yes, attach a full explanation.

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand the Regulations Governing Licensure of Athletic Trainers and affirm that all conditions for licensure have been met and will be maintained.

(Applicant’s Signature) (Date)

HAVE YOU
1. REVIEWED THE ABOVE INFORMATION
2. MADE ALL CORRECTIONS
3. SIGNED AND DATED THE RENEWAL APPLICATION
4. ENCLOSED CURRENT BOC, INC. CARD OR PROOF OF CONTINUING EDUCATION
5. ENCLOSED THE RENEWAL FEE OF $50.00 (AND REINSTATEMENT FEE IF APPLICABLE)

MAIL TO: MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE - ATHLETIC TRAINERS
P.O. BOX 1700
JACKSON, MS 39215-1700