MINNESOTA
BOARD OF MEDICAL PRACTICE

335 Randolph Avenue, Suite 140
St. Paul, MN 55102
612.617.2130 (phone) | 612.617.2166 (fax)
medical.board@state.mn.us | mn.gov/boards/medical-practice

ATHLETIC TRAINER
Verification of Licensure/Registration/Certification

This form is for verification of all athletic trainer and other health care professional licenses or registrations from every jurisdiction issuing any type of license, registration or certification including training and temporary permit, even if license is not current. **Each Board completing the form must email or mail directly to the Minnesota Board of Medical Practice.** Any fees are applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, **directly to this Board.**

Print Name____ SS#__________________

Signature______________________________________ Date______________________

* *

THE STATE BOARD COMPLETES THE FOLLOWING INFORMATION:

It is hereby certified that: (Name of Applicant)_______________________________________

Date of birth: (Month, Day, Year) ____

Was issued license/registration number: ______________________________________

By: (State)___________________________ On: (Month, Day, Year) _____________________

Expiration date is:(Month, Day, Year)____

Issued on basis of: (Exam) ____

Disciplinary action ever initiated, pending, or invoked*: Yes_____ No_____

Ever voluntarily relinquished license*: Yes_____ No_____

School

Seal**

Print Name_________________________________

Signature__________________________________

Date ______________________________________

Phone_______________ Fax________________

***If yes, please attach letter of explanation.**
****If there is no seal, attach letter of explanation on letterhead.**