

# VERIFICATION OF SUPERVISION FOR ATHLETIC TRAINER TEMPORARY PERMITS

Part of State Form 46715

Applicants applying for a temporary permit, who have not taken the BOC examination, must practice under the supervision of an athletic trainer who is licensed by the State of Indiana during the ninety (90) days in which the temporary permit is valid.

Applicants must forward this form to the licensed athletic trainer who will be supervising the applicant. The form must be completed and submitted, returned to the applicant and uploaded as part of the application process.

This is to verify that \_\_\_\_\_ will be under my supervision while practicing athletic training. According to Indiana Code 25-5.1-3-8 (b), 898 IAC 1-1-9 and 898 IAC 1-4-1, I understand that I shall be available and under all circumstances shall be absolutely responsible for the direction and the actions of the person supervised when services are performed. I understand that the patients care shall always be my responsibility. I also understand that it is my responsibility to maintain records of experiential hours for the person being supervised.

Beginning date (month, day, year)

Name of setting where supervision will occur

Address of setting where supervision will occur (number and street, city, state, and ZIP code)

Signature of supervisor

Date (month, day, year)

Printed name of supervisor

Indiana license number of the supervisor

Telephone number

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TEMPORARY PERMITS ARE NOT AVAILABLE ON A WALK-IN BASIS.

NOTE: According to IC 25-5.1-3-8, a temporary permit expires the earlier of: (1) the date the person holding the permit is issued a license; (2) the date the Board disapproves the person's application of licensure; or (3) ninety (90) days after the date of issuance of the temporary permit.