



## South Carolina Athletic Trainers' Application For Certification

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

E-mail address: \_\_\_\_\_

Address where you wish to receive your mail:

Current Job Setting (Please check the job that best applies):

1. \_\_\_\_\_ College

2. \_\_\_\_\_ High School

3. \_\_\_\_\_ Clinic

4. \_\_\_\_\_ Hospital

5. \_\_\_\_\_ Professional

6. \_\_\_\_\_ Other

Please enclose the following items with this application. ***Incomplete applications will not be processed.***

1. Attach a photocopy of your current Board of Certification (**BOC**) certification card.
2. Attach a photocopy of a "**certified college transcript**" that will attest that you have met the athletic training curriculum requirements of a college or university.
3. Enclose a check for **\$ 50.00** made out to: **SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL.**
4. Email a photo for your Forever+ID badge to: [atcerts@dhec.sc.gov](mailto:atcerts@dhec.sc.gov). The photo should be a head and shoulders shot, no hats or sunglasses.

BOC Certification Number: \_\_\_\_\_

Are you certified as an Athletic Trainer in any other state: \_\_\_\_\_  
If so, include a photocopy of your out-of-state AT license.

Mail this application and all required documents to:

SC DHEC DIVISION OF EMS & TRAUMA  
Athletic Trainer Coordinator  
2600 Bull Street  
Columbia, SC 29201  
803-545-4204

Instructions for South Carolina Athletic Trainers Application  
for Certification Form

1. Last Name: Enter the applicant's Last Name.
2. First Name: Enter the applicant's First Name.
3. Middle Initial: Enter the applicant's middle Initial.
4. Work Phone Number: Enter the applicant's work telephone number to include area code.
5. Home Phone Number: Enter the applicant's home telephone number to include area code.
6. Cellular Phone Number: Enter the applicant's cellular telephone number to include area code.
7. Email address: Enter a valid email address.
8. Address: Enter an address where you wish to receive your mail. This should include City, State and Zip Code.
9. Current Job Setting: Check all that apply
10. Enclosures : Supply all enclosures requested . copy of BOC card, college transcripts, check
11. Email photo for ID badge to: [atcerts@dhec.sc.gov](mailto:atcerts@dhec.sc.gov)
12. BOC Certification Number: Enter your National Board of Certification number