

Wisconsin Department of Safety and Professional Services

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ATHLETIC TRAINERS AFFILIATED CREDENTIALING BOARD ADDITIONAL REQUIREMENTS FOR RENEWAL

You must complete the back of the renewal coupon and the following three requirements for Athletic Trainer renewal.

1. Describe your work history, including the average number of hours worked each week, for the 2-year period immediately preceding the renewal date.

2. I have in effect a surety bond in the amount of \$1,000,000.00 or malpractice liability insurance coverage in an amount that is not less than \$1,000,000.00 per occurrence and \$1,000,000.00 for all occurrences in one year. (No licensee shall engage in athletic training unless the licensee has in effect the required insurance)
3. I do hereby state that I and my consulting physician have a current copy of the evaluation and protocol form (#2517) required under s. 448.956 (1), on file in our place of employment.

Credential Holder Name (please print)

Credential Holder License Number

Credential Holder Signature

Do not return the protocol form (#2517) to our office; keep for your records.