



**ARIZONA BOARD OF ATHLETIC TRAINING**

1740 West Adams Street  
Phoenix, Arizona 85007  
(602) 589-6337  
FAX: (602) 589-8354  
www.at.az.gov

**VERIFICATION OF LICENSURE STATUS**

INSTRUCTIONS FOR USE: Fill out the applicant portion of this form and send a copy to each State in which you are or have been licensed. Licensing agency or board – please return the completed form directly to the address listed above.

**TO BE COMPLETED BY APPLICANT**

Name:		Social Security Number	
License Number	Date Granted		
Other names used	Maiden	Also Known As – AKA	
Home address	Number/Street	City	State Zip code

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY LICENSING BOARD OR AGENCY.**

Licensee's License Number	Licensed as:
Date issued	Date of Expiration

License issued on bases of	Certification	Endorsement	Other
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Has disciplinary action been taken?	YES	NO
Is there any disciplinary action pending?	YES	NO

Reason for disciplinary action
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Completed by \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Agency \_\_\_\_\_

Telephone Number \_\_\_\_\_ Dated \_\_\_\_\_