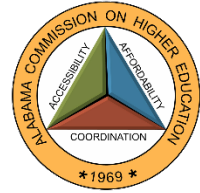


**Alabama Commission on Higher Education**  
**100 North Union Street**  
**P.O. Box 302000**  
**Montgomery, Alabama 36130-2000**



**Athletic Trainers Loan Assistance Program (ATLAP) Verification Reimbursement Form**

**Annual Submission Deadline for New Applicants is August 1**

This application will be used to verify program completion, certification status, federal student loan debt, and employment for ATLAP eligibility, which includes:

- Is a citizen or a lawful permanent resident of the U.S.
- Has completed a Master’s degree in Athletic Training (MAT/MSAT) from an approved institution recognized by the Commission on Accreditation of Athletic Training Education.
- Has earned national recognition by successfully completing the Board of Certification, Inc. examination for athletic training.
- Is licensed and in good standing with the Alabama Board of Athletic Trainers pursuant to Code of Alabama, Chapter 40 of Title 34.
- Has provided an average of at least 20 hours of athletic training services per week at a public K-12 school or school system in this state that requires athletic training services for sanctioned activities governed by the Alabama High School Athletic Association throughout the year of application in Alabama. **Attestation documents must be provided at the end of each semester worked prior to reimbursement.**
- Has outstanding subsidized or unsubsidized federal student loans.
- Satisfies additional continuing eligibility criteria established by the Commission in consultation with the Alabama Board of Athletic Trainers.
- Has not and does not intend to receive funding from the Athletic Trainer Secondary School Incentive Program.

**I. Personal Data.** This section is to be completed by the Applicant. Type or print legibility, using black ink, when completing this form.

First Name	MI	(Maiden Name)	Last Name
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Street/Apt/P.O. Box/Route	City	State	ZIP Code
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Cell Number	Home	Work	E-mail Address
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Alabama Athletic Trainer License Number	Date of Birth (mm/dd/yyyy)
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College/University of MAT/MSAT Degree Awarded* *Must include a copy of official MAT/MSAT transcript with application	Degree Confirmation (mm/dd/yyyy)
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Have you ever received funding from the Athletic Trainer Secondary School Incentive Program?  Yes  No

Do you intend to receive funding from the Athletic Trainer Secondary School Incentive Program?  Yes  No

**II. Proof of Federal Student Loan Debt.** This section is to be completed by the Athletic Trainer. A copy of the applicant's federal student loan debt must be attached to this application for eligibility consideration.

I hereby permit the release of information concerning my program completion, certification status, federal student loan debt, and employment to the Alabama Commission on Higher Education.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**III. Service Information.** This section must be completed by the Superintendent to verify that the athletic trainer will provide services within the district. *Please note:* At the end of each semester worked, the Superintendent must complete, sign, and date a **Superintendent ATLAP Attestation Form** confirming the provisions of at least **20 hours of athletic training services per week** at the public K-12 school or school system. This form must be submitted to ACHE **after January 1** for Fall semester reimbursements and **after June 1** for Spring semester reimbursements.

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
School System

\_\_\_\_\_  
Date (mm/dd/yyyy)

**IV. Athletic Trainer License Verification for the State of Alabama.** This section is to be completed by the Alabama Board of Athletic Trainers (ABAT), verifying the State License Number and its status for the State of Alabama as an Athletic Trainer.

\_\_\_\_\_  
Alabama Athletic Trainer License Number

\_\_\_\_\_  
Date (mm/dd/yyyy)

Is this Licensee in Good Standing?  Yes  No

Has this Licensee received funding from the Athletic Trainer Secondary School Incentive Program?  Yes  No

\_\_\_\_\_  
Signature of ABAT Official

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail Address

**Please mail the completed application along with all supporting documentation to:**

**Alabama Commission on Higher Education**

**ATLAP Program**

**Attention: Artcola Pettway**

**P.O. Box 302000**

**Montgomery, Alabama 36130-2000**