OES ATHLETIC TRAINER/FIRST RESPONDER SPORT CERTIFICATION INFORMATION
2009-2010

Personal Data

Name_____School_____

Circle Position: Athletic Trainer First Responder

Employee Position# _____Teaching Certificate Expiration Date_____

Telephone Numbers: School_____Fax_____

Pager_____Cellular_____

Email_____Home_____

Certification Information

CPR Certification Date ____/____/____ First Aid Certification Date ____/____/____

Attended Injury Management I Course Yes___No_____

Attended Injury Management II Course Yes___No_____

Attended Sports Safety Training Class Yes____No____

Other CEU in injury prevention or sports medicine – Name of Workshop and Date _____
_____
Other CEU in injury prevention or sports medicine – Name of Workshop and Date _____
_____
Other CEU in injury prevention or sports medicine – Name of Workshop and Date _____
_____

CPR Certified Instructor Name: _____
First Aid Certified Instructor Name: _____

Licensed Athletic Trainer in North Carolina Yes____No____

NATA Certified Yes____No____
(Certification Number _____)

I certify that the information listed above is true and correct.
Employee Signature_____Date ____/____/____
NOTES:

- **First Responders** must meet the State Board of Education (SBE) Policy requirements of CPR and First Aid Certification, Injury Management, and two CEU's in injury prevention, sports medicine or training related instruction each school year.
- **Licensed Athletic Trainers** must provide current copies of state and national certification cards. Licensed athletic trainers must meet the requirements according to State Law Sections 90-528, 529, and 530.

Senior Administrator for Athletics Approval – Requirements have been met for:
_____First Responder
_____Licensed Athletic Administrator Signature: _____
OES Administrator Signature: _____