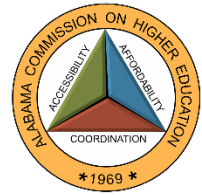


Alabama Commission on Higher Education
100 North Union Street
P.O. Box 30200
Montgomery, Alabama 36130-2000



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) 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 Degree Awarded*	Degree Confirmation (mm/dd/yyyy)
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***Must include a copy of MAT official transcript with application**

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. Employment Information.** This section is to be completed by the Superintendent verifying employment. The Superintendent must also fill out and sign/date the attached **Superintendent ATLAP Attestation Form** verifying the provision of at least 20 hours of athletic training services per week at the public K-12 school or school system, which requires athletic training services for sanctioned activities governed by the Alabama High School Athletic Association (AHSAA). The completed **Superintendent ATLAP Attestation 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)

- III. 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

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

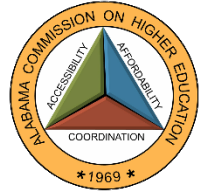
I hereby permit the release of information concerning my program completion, certification status, federal student loan debt, and employment to the Alabama Commission on Higher Education.

Applicant Signature

Date (mm/dd/yyyy)

**For more information regarding ATLAP, contact
Artcola Pettway, Grants and Scholarship Associate,
at artcola.pettway@ache.edu, (334)353-0985.**

Alabama Commission on Higher Education
100 North Union Street
P.O. Box 30200
Montgomery, Alabama 36130-2000



**Superintendent ATLAP Attestation Form
for the Athletic Trainers Loan Assistance Program (ATLAP)**

I, _____, hereby attest that I am the
Superintendent of the _____ (school/school system) in
the State of Alabama. I certify that _____ is an Athletic
Trainer who works a minimum of twenty (20) hours per week during the _____ semester at
_____ [name of school(s)], which requires athletic
training services for sanctioned activities governed by the Alabama High School Athletic Association
(AHSAA).

Signature of Superintendent

Date (mm/dd/yyyy)

Printed Name of Superintendent

STATE OF ALABAMA)

COUNTY OF _____)

Before me, the undersigned authority, a Notary Public in and for said State and County, personally
appeared _____ (Individual Signature) who, after being
made known to me and being first duly sworn by me, says that the contents thereof are true and correct
to the best of his/her knowledge, information, and belief.

SWORN TO AND SUBSCRIBED before me on this the _____ day of _____, 202__.

Notary Public

My Commission Expires: _____