



South Carolina Athletic Trainer Application Initial Form

Date of Application	BOC Certification Number	Last 4 numbers of SSN	Date of Birth (mm/dd/yyyy)
Last Name	First Name		Middle Initial
Address (Your ID badge will be mailed here)			
City	State	Zip	
Contact Phone Number (Including Area Code)	Email Address		
Affiliated School/Hospital/Clinic/Other, Contact Phone number		(If not employed in SC yet, write NA)	

Initial applications for South Carolina Athletic Trainer Certification must submit the following:

1. In order to become certified in South Carolina, you **must register to use Continuum**. Your SC number is required to complete the Certification Application. Please see instruction sheet for details.

By initialing here _____ you attest that you have created an SC Continuum profile as outlined in the instructions. Also in the instructions is how to log on to your Continuum profile.

2. Attach a photocopy of your current Board of Certification (**BOC**) certification card.
3. Attach an **official "certified college transcript"** that will attest that you have met the athletic training curriculum requirements of a college or university.
4. Enclose a **check or money order for \$50.00** made payable to: **SC DHEC** (Credit cards are not accepted at this time.)
5. Email a photo for your ID badge to atcerts@dhec.sc.gov. Photo should be a head and shoulders picture, no hats or sunglasses

Incomplete applications will not be processed.

Please complete the Athletic Trainer Application Form in its entirety, enclose all fees and documents, and mail to:

**DHEC EMS
Athletic Trainer Program
2600 Bull Street
Columbia, SC 29201**

Your signature and date signed. (Must be original signature)