

Minutes

The Athletic Trainers Advisory Committee of the Board of Medical Licensure and Supervision met on August 16, 2023, in accordance with the Open Meeting Act. Advance notice of this regular meeting was transmitted to the Oklahoma Secretary of State on November 22, 2022. The notice and agenda were posted on the agency's website on July 28, 2023 at 10:27 AM, in accordance with 25 O.S. § 311(A)(9).

Members Present:

Jeffrey L. McKibbin, AT, Chair
Keith Chlouber, AT
Robert Fulton, AT
Barry L. Northcutt, MD
Megan Meier, MD

Others Present:

Barbara J. Smith, Executive Secretary
Valeska Barr, Assistant Director of Licensing

Having noted a quorum, Mr. McKibbin called the meeting to order at 9:00 a.m. Barbara Smith called roll to establish the quorum for the record.

Following Committee review, Mr. Chlouber moved to approve the minutes of February 8, 2023, as written. Mr. Fulton seconded the motion and the vote was unanimous in the affirmative.

The Committee then reviewed applications for licensure. Mr. Chlouber moved to recommend approval of the incomplete application(s) for Apprentice Athletic Trainer licensure pending completion of the file(s) as shown on **Attachment #1** hereto. Mr. Fulton seconded the motion and the vote was unanimous in the affirmative.

The Committee had questions regarding the incomplete application of RHONDA LEE WOOD for Athletic Trainer licensure, specifically that it appeared as though she had practiced without proper licensure. Following much discussion, Mr. Chlouber recommend tabling the application pending a personal appearance with a letter to the Murray State Athletic Director advising of Ms. Wood's alleged practice without proper licensure. Mr. Fulton seconded the motion and the vote was unanimous in the affirmative. After the vote, the Committee discussed setting up a special meeting for this matter and the consensus was they did not believe it was necessary to set up a special meeting at this time.

Mr. Chlouber moved to recommend approval of the incomplete application(s) for Athletic Trainer licensure pending completion of the file(s) as shown on **Attachment #1** hereto with the exception of Rhonda Lee Wood, AT 1318. Mr. Fulton seconded the motion and the vote was unanimous in the affirmative.

Mr. Chlouber moved to recommend approval of the complete application(s) for reinstatement of Athletic Trainer licensure as shown on *Attachment #1* hereto. Mr. Fulton seconded the motion and the vote was unanimous in the affirmative.

Mr. Fulton moved to recommend approval of the complete application(s) for Athletic Trainer licensure as shown on *Attachment #1* hereto. Mr. Chlouber seconded the motion and the vote was unanimous in the affirmative.

Mr. McKibbin announced his resignation from the Committee after 33 years of service. He gave a brief history of Oklahoma AT licensure during his time on the Committee. Mr. McKibbin thanked past and present committee members and staff for their dedicated service to the Committee. The Committee and staff expressed their deepest appreciation for Mr. McKibbin's depth of knowledge and dedicated service. He will be missed by all.

There being no further business, Mr. McKibbin moved to adjourn the meeting. The time was 10:13 AM.

**ATHLETIC TRAINER ADVISORY COMMITTEE
AUGUST 16, 2023**

INCOMPLETE APPRENTICE ATHLETIC TRAINER APPLICATIONS

| | |
|--------|----------------------------|
| AA 846 | PETERSON, TRISTEN G |
| AA 847 | KEYSER, JESSICA M |
| AA 848 | BRIDGEWATER, CLAIRE NICOLE |
| AA 849 | CHURCH, CHANDLER ELAINE |
| AA 850 | ARCHER, DELANEY MARLENE |
| AA 851 | ENGLAND, TASIA DAYLE |
| AA 852 | FLAKE, JANIA |
| AA 853 | LEE, JUN YOUNG |
| AA 854 | PEGUES, TEA |
| AA 855 | SANDERS, DACIE JOY |
| AA 856 | HOLLOWAY, MARISSA FAITH |
| AA 857 | STASTNY, MILENA ELIZABETH |
| AA 858 | NEWKIRK, SASHA LAINEE' |
| AA 859 | DOYLE, HAYDEN |
| AA 860 | MELSON, BRADEN JAMES |
| AA 861 | WATSON, KOLBY BRYAN |
| AA 862 | FABRIZIUS, MEGAN IRENE |
| AA 863 | VU, CATHY TAM |
| AA 864 | CRANFORD, CARLY |
| AA 865 | VICKERS, VICTORIA MARIE |
| AA 866 | GARDNER, CHRISTIAN KEAVON |

INCOMPLETE ATHLETIC TRAINER APPLICATIONS

| | |
|---------|--------------------------|
| AT 651 | GRAVES, SEASON RENEE |
| AT 1318 | WOOD, RHONDA LEE |
| AT 1326 | HAZEL, TIFFANY NICOLE |
| AT 1328 | LUERA, DAISY |
| AT 1331 | WICKER, KIRA |
| AT 1332 | DENYER, CADE J |
| AT 1333 | SEKINE, HAYATO |
| AT 1334 | ROBINSON, SYDNEY CARLEEN |
| AT 1335 | GOODE, TAMAURI MECOLE |
| AT 1336 | BASSETT, BRAD EDWARD |
| AT 1337 | NOLAND, MACKENNA |
| AT 1338 | RUPE, TYLER |

COMPLETE ATHLETIC TRAINER REINSTATEMENT APPLICATION

| | |
|--------|----------------------|
| AT 934 | BAKER, DYLAN MICHAEL |
|--------|----------------------|

COMPLETE ATHLETIC TRAINER APPLICATIONS

| | |
|---------|----------------------------|
| AT 1315 | BURDGE, EMILEE RAELYNN |
| AT 1316 | HOELTZEL, CHELSEA BROOKE |
| AT 1317 | DANIELS, MICHAEL |
| AT 1319 | FITZPATRICK, SHANE GARRET |
| AT 1320 | THOMPSON, SHILOH CADENCE |
| AT 1321 | JACOB, RYAN MICHAEL |
| AT 1322 | Longbrake, Dillon Reid |
| AT 1323 | WHITE, KAITLYN MICHELLE |
| AT 1324 | RHYNES, AUSTIN L |
| AT 1325 | PANKRATZ, AMANDA CHRISTINE |
| AT 1327 | KAUTZ, SAVANNAH LYNN |
| AT 1329 | SPENCER, JARED DAVIS |
| AT 1330 | BELCHER, BRIONNA NICOLE |



State of Oklahoma

Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Sent via mail and email to: [REDACTED]

December 11, 2023

Devon Bryant, AT Applicant 814
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for licensure has been received. A personal appearance has been scheduled for you before the Athletic Trainers Advisory Committee on, **January 10, 2024 at 9:00 a.m., at the offices of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 or via Zoom.** (See: *Okla. Admin. Code 435:25-5-2(c)* provided below).

In processing your application, the following has been determined:

- (a) Your Oklahoma license lapsed August 31, 2016; and
- (b) Your last practice was March 2018; and
- (c) Your BOC Certification expires on December 31, 2023; and
- (d) You are not currently licensed in any other state.

Okla. Admin. Code 435:25-5-2. Initial licensure; renewal; reinstatement

- (a) Initial licensure of an Athletic Trainer shall be for one year and shall be renewed annually.
- (b) Athletic Trainers with licenses lapsed twelve months or less wishing to apply for reinstatement of licensure will be required to file an application on forms provided by the Board. Athletic Trainers may be required to meet one or more of the following guidelines:
 - (1) Personal appearance before the Advisory Committee;
 - (2) Practice under the direct supervision of a licensed Athletic Trainer and/or licensed physician for up to ninety (90) days. The supervising Athletic Trainer and/or supervising Physician will provide to the Committee a report on the applicant's performance prior to licensure; or
 - (3) Provide proof of current BOC certification
- (c) Athletic Trainers with *licenses lapsed more than twelve months* wishing to re-enter the practice of Athletic Trainer will be required to file a new application on forms provided by the Board. Athletic Trainers may be required to meet one or more of the following guidelines:
 - (1) Personal appearance before the Advisory Committee;
 - (2) Practice under the direct supervision of a licensed Athletic Trainer and/or licensed Physician for one month (at least 22 days) for each year the license was lapsed. The supervising Athletic Trainer and/or supervising Physician will provide to the Committee a report on the applicant's performance prior to licensure;
 - (3) Provide proof of up to 25 continuing education units for each year the license was lapsed or proof of current NATABOC Certification;
 - (4) Provide proof of current good standing with the BOC; or
 - (4) Retake and pass the BOC examination or a Committee-determined equivalent thereof.

Please confirm your attendance at this meeting.

Sincerely,

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 814 DEVON MARIEL-DAVID BRYANT
 Licensed Athletic Trainer

Practice Address:
 August 23, 2023

NOT OKLAHOMA

Status: I
Res: RI

Endorsed By: BOC
Orig Issued: 03/04/2014 **Orig. Lic. Exp:** 08/31/2016

Received: 08/11/2023
Entered: 08/11/2023

Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 814
Sex: M
Ethnic Origin: 2

| | Test | Score | Date Taken | Date Verified | Attempts |
|--|------------------------|-------|------------|---------------|----------|
| | Test 1: | | | | |
| | Test 2: | | | | |
| | Test 3: | | | | |
| | Test AV: | | | | |
| | Total Possible: | 0 | | | |
| | Okla Passing: | 0 | | | |
| | Total Score: | 0 | | | |

| PRE-MED EDUCATION | | | | | |
|--|--|---------------------|--|--------------------------------------|--|
| School Name: FORT HAYS STATE UNIVERSITY | | | | | |
| City: HAYS | | State: KS | | Country: UNITED STATES | |
| Degree: MASTERS OF HEALTH AND HUMAN PERFORMANCE | | From: 8/2015 | | To: 6/ 2018 Verified: | |
| <hr/> | | | | | |
| School Name: LANGSTON UNIVERSITY | | | | | |
| City: LANGSTON | | State: OK | | Country: UNITED STATES | |
| Degree: MASTERS | | From: 1/2014 | | To: / Verified: | |
| <hr/> | | | | | |
| School Name: STERLING COLLEGE | | | | | |
| City: STERLING | | State: KS | | Country: UNITED STATES | |
| Degree: BACHELORS DEGREE | | From: 8/2010 | | To: 12/ 2013 Verified: | |
| <hr/> | | | | | |
| School Name: KALAMAZOO VALLEY COMMUNITY COLLEGE | | | | | |
| City: KALAMAZOO | | State: MI | | Country: UNITED STATES | |
| Degree: | | From: 5/2009 | | To: 5/ 2010 Verified: | |
| <hr/> | | | | | |
| School Name: SOUTH HAVEN HIGH SCHOOL | | | | | |
| City: SOUTH HAVEN | | State: MI | | Country: UNITED STATES | |
| Degree: DIPLOMA | | From: 9/2005 | | To: 5/ 2009 Verified: | |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

| Type | Number | Name |
|------|--------|---------------------------|
| AT | 814 | DEVON MARIEL-DAVID BRYANT |

Licensed Athletic Trainer

DEFICIENCIES

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: 9/2022- PRESENT; WHEN DID YOUR TIME AT LANGSTON'S MASTER'S PROGRAM END?; WHERE DID YOU OBTAIN YOUR QUALIFYING DEGREE?- MUST USE TIME

DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: BOARD SECRETARY REQUESTING EXPLANATION OF WHY YOU ANSWERED "NO" TO HAVING ANY DISCIPLINARY ACTION TAKEN AGAINST YOU & ALSO WHY YOU REPORTED NO TO BEING REPORTED TO THE NPDB / WHAT IS THE MAJOR FOR YOUR BACHELOR'S DEGREE?/
WHEN WAS THE LAST TIME YOU PRACTICED "HANDS ON" ATHLETIC TRAINING?

Protocol

Supervisors

| Certification or Provider # | Name | Type | Status | Expiration Date | City | State | Country |
|-----------------------------|----------------|------------------|-----------|-----------------|-------|-------|---------|
| 2000015627 | DeVon M Bryant | Athletic Trainer | Certified | 12/31/2025 | Bixby | OK | USA |

RECEIVED

JAN 02 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

**PRIMARY
SOURCE**

- [Kansas.gov \(http://www.kansas.gov\)](http://www.kansas.gov)
- [State Phone Directory \(http://www.da.ks.gov/phonebook/\)](http://www.da.ks.gov/phonebook/)
- [Online Services \(http://www.kansas.gov/services/\)](http://www.kansas.gov/services/)

KSBHA Licensee & Registrant Profile Search

- [Home \(/ssrv-ksbhada/search.html\)](/ssrv-ksbhada/search.html)
- [KSBHA Web site \(http://www.ksbha.org\)](http://www.ksbha.org)
- [Contact Information \(/ssrv-ksbhada/contact.html\)](/ssrv-ksbhada/contact.html)
- [Help \(/ssrv-ksbhada/help.html\)](/ssrv-ksbhada/help.html)

Detailed Search Results

Profile for DeVon M. Bryant

Personal Information

Profession: Athletic Trainer (AT)

Address:



Phone:

Fax:

Year of Birth:



- School Name: STERLING COLLEGE
- Degree Date: 12/13/2013

License Information

- License Number: 24-01175
- License Type: Cancelled - Failure to Renew
- License Status: Previous
- License Expiration Date: 12/31/2022
- Original License Date: 02/16/2017
- Last Renewal Date: 12/23/2021
- Date This Status: 01/01/2023
- Continuing Education Year: 2022
- Temporary License Permit Number:
- Temporary License Permit Issue Date:
- Temporary License Permit Expiration Date:

Practice Specialty

Specialties and board certifications are for MDs and DOs only and are self-reported. Therefore, they are not independently verified by the Board of Healing Arts.

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PRIMARY SOURCE

At 814 mt

Other KSBHA Licenses

[Profession: Athletic Trainer Temporary \(AT, License Number: T-04681 \(/ssrv-ksbhada/details.html?id=226815740\)\)](#)

KSBHA Actions

- [Licensure Granted with Censure, 02/17/2017 \(http://www.ksbha.org/boardactions/Documents/bryant_17.pdf\)](#)
- [Temporary License Granted with Censure, 12/13/2016 \(http://www.ksbha.org/boardactions/Documents/bryant_16.pdf\)](#)

Health Care Facility Privilege Actions

None Reported

Other Public License Actions, DEA Actions, Criminal Actions, or Miscellaneous Information

None Reported

Statement from Licensee or Registrant

None Reported

Perform Another Search
 Return to Search Results

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License Profile last updated: August 23, 2023

- [Contact Information \(/ssrv-ksbhada/contact.html\)](#)
- [Disclaimer \(/ssrv-ksbhada/disclaimer.html\)](#)
- [Feedback \(http://ksgovernment.feedbacksurvey.sgizmo.com/?website=KSBHA Licensee Search\)](#)
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A-814 MB

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

PRIMARY
SOURCE

BEFORE THE BOARD OF HEALING ARTS
OF THE STATE OF KANSAS

KS State Board of Healing Arts

In the Matter of)

DeVon M. Bryant, A.T.)

Kansas License No. Pending)

Docket No. 17-HA-00029

CONSENT ORDER

COMES NOW, the Kansas State Board of Healing Arts, ("Board"), by and through Anne Barker Hall, Associate Litigation Counsel ("Respondent"), and DeVon M. Bryant, A.T. ("Applicant"), *pro se*, and move the Board for approval of a Consent Order affecting Applicant's license to practice as an athletic trainer in the State of Kansas. The Parties stipulate and agree to the following:

1. Applicant's last known mailing address to the Board is:

[REDACTED]

2. On or about August 11, 2016, Applicant submitted to the Board an application for licensure as an athletic trainer. Such application was deemed complete and filed with the Board on

Dec. 13, 2016

3. The Board is the sole and exclusive administrative agency in the State of Kansas authorized to regulate the practice of athletic training K.S.A. 65-6901 *et seq* and K.S.A. 65-2838.

4. This Consent Order and the filing of such document are in accordance with applicable law and the Board has jurisdiction to enter into the Consent Order as provided by K.S.A. 77-505 and 65-2838. Upon approval, these stipulations shall constitute the findings of the Board, and this Consent Order shall constitute the Board's Final Order.

Consent Order
DeVon M. Bryant, A.T.

AT&S
MA

5. The Kansas Athletic Trainers Licensure Act is constitutional on its face and as applied in the case. Applicant agrees that, in considering this matter, the Board is not acting beyond its jurisdiction as provided by law.

6. Applicant voluntarily and knowingly waives his right to a hearing. Applicant voluntarily and knowingly waives his right to present a defense by oral testimony and documentary evidence, to submit rebuttal evidence, and to conduct cross-examination of witnesses. Applicant voluntarily and knowingly agrees to waive all possible substantive and procedural motions and defenses that could be raised if an administrative hearing were held.

7. The terms and conditions of the Consent Order are entered into between the undersigned parties and are submitted for the purpose of allowing these terms and conditions to become an Order of the Board. This Consent Order shall not be binding upon the Board until an authorized signature is affixed at the end of this document. Applicant specifically acknowledges that counsel for the Board is not authorized to sign this Consent Order on behalf of the Board.

8. The Board has received information and investigated the same, and has reason to believe that there may be grounds pursuant to K.S.A. 65-6903(a) and K.S.A. 65-6911(a)(8) to take action with respect to Applicant's license under the Kansas Athletic Trainers Licensure Act, K.S.A. 65-6901, *et seq.*

9. Applicant is not currently, nor has he ever been licensed as an athletic trainer in the State of Kansas.

10. Applicant previously applied for licensure as an athletic trainer in the State of Kansas on or about December 12, 2014. His application was forwarded to the legal department because

Consent Order
DeVon M. Bryant, A.T.

Applicant disclosed that he was working as an athletic trainer at Pratt Community College, located in Pratt, Kansas, without a license. Applicant later withdrew his application for licensure.

11. Applicant began his employment as Assistant Athletic Trainer with Coffeyville Community College on or about August 1, 2016. The job description for Applicant's position requires the individual to be "licensed or eligible for licensure" as an athletic trainer in the State of Kansas.

12. Applicant applied for licensure as an athletic trainer in the State of Kansas on or about August 11, 2016, ten (10) days after he began his employment as Coffeyville Community College's Assistant Athletic Trainer.

13. Applicant's job duties as an Assistant Athletic Trainer at Coffeyville Community College includes, but is not limited to: assist in securing and maintaining injury treatment/illness, rehabilitation record and oversee student athlete's health file which includes forewarnings, physical exams, and insurance information of each student athlete; performs preventive and rehabilitative treatments specifically when coordinated through medical consultants; directing and managing student trainers; arrange physician appointments; and assist in determining a student-athlete's ability to practice or compete.

14. Coffeyville Community College's website names Applicant as an "Assistant Athletic Trainer."

15. Kelli Bauer, Director of Human Services at Coffeyville Community College, provided Applicant's contract of employment confirming Applicant has been employed as an athletic trainer since August 1, 2016.

Consent Order
DeVon M. Bryant, A.T.

16. Other documents submitted by Ms. Bauer show Applicant treated approximately five (5) athletes between August 1, 2016, until November 8, 2016.

17. On November 8, 2016, Applicant signed a statement certifying as an athletic trainer at Coffeyville Community College, he treated five (5) individuals in the following ways:

- a. B.B.—Treatment and rehab stem, ice pack, heating pack, stretching;
- b. D.S.—Treatment ice pack, stem, heating pack, stretching;
- c. J.P.—Treatment ice pack, stem, heating pack, stretching;
- d. M.L.—Treatment ice pack, stem, heating pack, stretching; and
- e. A.E.—Treatment ice pack, heating pack, stretching.

18. Applicant has never held an active license in the State of Kansas. Therefore, he has been practicing as an unlicensed athletic trainer while employed by Coffeyville Community College.

19. Applicant acknowledges that, if formal hearing proceedings were conducted and Applicant presented no exhibits, witnesses or other evidence, the Board has sufficient evidence to prove that Applicant has violated the Kansas Athletic Trainers Licensure Act with respect to the above allegations. Applicant further waives his right to dispute or otherwise contest the allegations contained in the above paragraphs in any further proceeding before this Board.

20. Applicant violated K.S.A. 65-6903(a) by representing himself as an athletic trainer in Kansas and engaging in the practice of athletic training in Kansas, when he was not licensed as an athletic trainer in this state.

21. Pursuant to K.S.A. 65-6911(a)(8), the Board may revoke, suspend, limit, privately or publicly censure, or place under probationary conditions Applicant's license, if the Board finds an applicant negligently or intentionally violated any provision of his/her practice act.

Consent Order
DeVon M. Bryant, A.T.

22. According to K.S.A. 65-2838(b) and K.S.A. 77-505, the Board has authority to enter into this Consent Order without the necessity of proceeding to a formal hearing.

23. All pending investigation materials in KSBHA Investigative Case Number 17-00124 and 15-00712 regarding Applicant were fully reviewed and considered in this matter.

24. Disciplinary Panel No. 31 authorized and directed Board counsel to seek settlement of this matter with the provisions contained in this Consent Order.

25. Applicant further understands and agrees that if the Board finds, after due written notice and an opportunity for a hearing, that Applicant has failed to comply with any of the terms of this Consent Order, the Board may immediately impose any sanction provided for by law, including but not limited to suspension or revocation of Applicant's license to practice as an athletic trainer in the State of Kansas. Applicant hereby expressly understands and agrees that, at any such hearing, the sole issue shall be whether or not Applicant has failed to comply with any of the terms or conditions set forth in this Consent Order. The Board acknowledges that at any such hearing, Applicant retains the right to confront and examine all witnesses, present evidence, testify on his own behalf, contest the allegations, present oral argument, appeal to the courts, and all other rights set forth in the Kansas Administrative Procedures Act, K.S.A. 77-501 *et seq.*, and the Kansas Athletic Trainers Licensure Act, K.S.A. 65-6901 *et seq.*

26. Nothing in this Consent Order shall be construed to deny the Board jurisdiction to investigate alleged violations of the Kansas Athletic Trainers Licensure Act or to investigate complaints received under the Risk Management Law, K.S.A. 65-4921 *et seq.*, that are known or unknown and are not covered under this Consent Order, or to initiate formal proceedings based upon known or unknown allegations of violations of the Kansas Athletic Trainers Licensure Act.

Consent Order
DeVon M. Bryant, A.T.

27. Applicant hereby releases the Board, its individual members (in their official and personal capacity), attorneys, employees and agents, hereinafter collectively referred to as "Releasees", from any and all claims, including but not limited to those alleged damages, actions, liabilities, both administrative and civil, including the Kansas Judicial Review Act, K.S.A. 77-601 *et seq.* arising out of the investigation and acts leading to the execution of this Consent Order. This release shall forever discharge the Releasees of any and all claims or demands of every kind and nature that Applicant has claimed to have had at the time of this release or might have had, either known or unknown, suspected or unsuspected, and Applicant shall not commence to prosecute, cause or permit to be prosecuted, any action or proceeding of any description against the Releasees.

28. Applicant further understands and agrees that upon signature by Applicant, this document shall be deemed a public record and shall be reported to any entities authorized to receive disclosure of the Consent Order.

29. This Consent Order, when signed by both parties, constitutes the entire agreement between the parties and may only be modified or amended by a subsequent document executed in the same manner by the parties.

30. Applicant agrees that all information maintained by the Board pertaining to the nature and result of any complaint and/or investigation may be fully disclosed to and considered by the Board in conjunction with the presentation of any offer of settlement, even if Applicant is not present. Applicant further acknowledges that the Board may conduct further inquiry as it deems necessary before the complete or partial acceptance or rejection of any offer of settlement.

31. Applicant, by signature to this document, waives any objection to the participation of the Board members, including the Disciplinary Panel and General Counsel, in the consideration of this

Consent Order
DeVon M. Bryant, A.T.

offer of settlement and agrees not to seek the disqualification or recusal of any Board member or General Counsel in any future proceedings on the basis that the Board member or General Counsel has received investigative information from any source which otherwise may not be admissible or admitted as evidence.

32. Applicant acknowledges that he has read this Consent Order and fully understands the contents.

33. Applicant acknowledges that this Consent Order has been entered into freely and voluntarily.

34. Applicant shall obey all federal, state and local laws and rules governing the practice of an athletic trainer in the State of Kansas that may be in place at the time of execution of the Consent Order or may become effective subsequent to the execution of this document.

35. Upon execution of this Consent Order by affixing a Board authorized signature below, the provisions of this Consent Order shall become a Final Order under K.S.A. 65-2838. This Consent Order shall constitute the Board's Order when filed with the office of the Executive Director for the Board and no further Order is required.

36. This Consent Order constitutes **public disciplinary action**.

37. The Board may consider all aspects of this Consent order in any future matter regarding Applicant.

38. Applicant understands that a Temporary License shall be issued based upon Applicant signing this Consent Order, paying the temporary license fee, and abiding by the terms of this Consent Order. Applicant further understands that the Temporary License is only effective until a conference hearing is held by the Board on ratification of this Consent Order and that if the Board

Consent Order
DeVon M. Bryant, A.T.

fails to ratify this Consent Order, the Temporary License shall immediately expire at the conclusion of such hearing. If the Board ratifies this Consent Order, Applicant shall be issued a permanent license under the terms of this Consent Order.

39. In lieu of conducting a formal proceeding, Applicant, by signature affixed to this Consent Order, hereby voluntarily agrees to the following public disciplinary action against his license to engage in practice as an athletic trainer:

CENSURE

40. Upon Applicant being granted an Active License to practice athletic training in accordance with this Consent Order, Applicant is hereby **Publicly Censured** for practicing as an athletic trainer in the State of Kansas when he did not have an active license to practice athletic training in the State of Kansas, in violation of K.S.A. 65-6903(a) and 65-2911(a)(8).

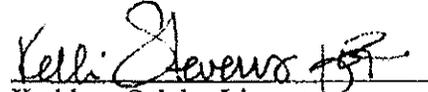
IT IS THEREFORE ORDERED that the Consent Order and agreement of the parties contained herein is adopted by the Board as findings of fact, conclusions of law, and as a Final Order of the Board.

IT IS FURTHER ORDERED that upon meeting all technical requirements for licensure, Applicant shall be granted a license, pursuant to the conditions above.

IT IS SO ORDERED on this 12th day of December, 2016.

Consent Order
DeVon M. Bryant, A.T.

**FOR THE KANSAS STATE BOARD OF
HEALING ARTS:**

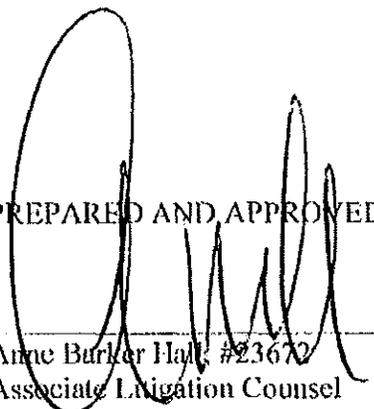

Kathleen Selzler Lippert
Executive Director

12/12/16
Date


DeVon M. Bryant, A.T.
Licensee

11/28/16
Date

PREPARED AND APPROVED BY:


Anne Burkler Hall #23672
Associate Litigation Counsel
Kansas Board of Healing Arts
800 SW Jackson Ave, Lower Level-Suite A
Topeka, Kansas 66612
P: 785-296-3268
F: 785-368-8210
anne.hall@ks.gov

Consent Order
DeVon M. Bryant, A.T.

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that I served a true and correct copy of the Consent Order by United States mail, postage prepaid, on this 13th day of December, 2016, to the following:

DeVon M. Byrant, A.T.
Applicant



And the original was hand-filed with:

Kathleen Selzler Lippert
Executive Director
Kansas Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

And a copy was hand-delivered to:

Anne Barker Hall
Associate Litigation Counsel
Kansas Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

General Counsel's Office
Kansas Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

Compliance Coordinator
Kansas Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

John Nichols
Licensing Administrator
Kansas Board of Healing Arts
800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612

Cathy A. Brown

Consent Order
DeVon M. Bryant, A.T.

RECEIVED

AUG 24 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

PRIMARY
SOURCE

BEFORE THE BOARD OF HEALING ARTS
OF THE STATE OF KANSAS

FILED
FEB 17 2017
KS State Board of Healing Arts

In the Matter of)
DEVON BRYANT, A.T.)
)
)
Kansas License No. 24-01175)
_____)

KSBHA Docket No. 17-HA00029

JOURNAL ENTRY RATIFYING CONSENT ORDER

NOW on this 10th day of February, 2017, pursuant to the authority granted to the Kansas State Board of Healing Arts ("Board") by K.S.A. 65-6901, *et seq.*; and, in accordance with the provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Consent Order filed on December 13, 2016, in the above-captioned matter, is hereby **ACCEPTED** and **RATIFIED** by the Board. The Board shall maintain jurisdiction over this matter to issue any order(s) deemed necessary and appropriate in the circumstances.

IT IS SO ORDERED THIS 17 DAY OF Feb, 2017, IN THE CITY OF TOPEKA, COUNTY OF SHAWNEE, STATE OF KANSAS.


Kathleen Selzler Lippert
Executive Director
Kansas State Board of Healing Arts

4-814
MA

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that on this 17th day of February 2017, a true and correct copy of the above and foregoing **JOURNAL ENTRY RATIFYING CONSENT ORDER** was deposited in the United States Mail, first-class postage prepaid and addressed to:

DeVon Bryant, AT
[REDACTED]
[REDACTED]

RECEIVED

AUG 24 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

And a copy was hand-delivered to:

Joseph S. Behzadi, Associate Litigation Counsel
Kansas State Board of Healing Arts
800 SW Jackson Street, Lower Level- Suite A
Topeka, Kansas 66612

Compliance Coordinator
Kansas State Board of Healing Arts
800 SW Jackson Street, Lower Level- Suite A
Topeka, Kansas 66612

Licensing Administrator
Kansas State Board of Healing Arts
800 SW Jackson Street, Lower Level- Suite A
Topeka, Kansas 66612

PRIMARY
SOURCE

And the original was filed with the office of the Executive Director.

Cathy Brown
Cathy Brown
Executive Assistant

AT 8/14
2023



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Emailed to [REDACTED]

December 14, 2023

Brookke Mahaffey, AT Applicant 1343
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE
CEASE AND DESIST

Per your application, it has been determined that you have been actively practicing as an Athletic Trainer in the state of Oklahoma without a license or temporary letter allowing you to do so. **You must cease and desist practice immediately.**

A personal appearance has been scheduled for you before the Athletic Trainer Advisory Committee on **January 10, 2024, at 09:00 a.m., at the office of the Oklahoma Medical Board of Licensure and Supervision, 101 N.E. 51st Street, Oklahoma City, Oklahoma 73105 or virtually via Zoom.** (See: §527; §532(A)(3) Athletic Trainers Act provided below).

Per your application which was received on July 27, 2023:

1. You began practicing at Oklahoma State University as an Athletic Trainer on July 17, 2023; and
2. Your BOC Certification expires December 31, 2023; and
3. You are currently licensed as an Athletic Trainer in Pennsylvania.

§527. License required

No person shall hold himself or herself out as an athletic trainer without first being licensed under the provisions of this act.

§532. Denial, suspension or revocation of license

A. The State Board of Medical Licensure and Supervision may refuse to issue a license to an applicant or may suspend or revoke the license of any athletic trainer or apprentice if he or she has:

1. Been convicted of a felony crime that substantially relates to the occupation of athletic trainers and poses a reasonable threat to the public safety;
2. Secured the license by fraud or deceit; or
3. Violated or conspired to violate the provisions of the Oklahoma Athletic Trainers Act or rules and regulations issued pursuant to this act.

YOU ARE ENTITLED TO RETAIN LEGAL COUNSEL REPRESENTATION IN THIS MATTER.

Please confirm your attendance at this meeting.

Sincerely,

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1343 BROOKKE DANNYEL MAHAFFEY
 Licensed Athletic Trainer

Practice Address:

December 14, 2023
 OKLAHOMA STATE UNIVERSITY
 170 ATHLETIC CENTER

 STILLWATER, OK 74078
 PAYNE

 UNITED STATES

Status:

Res:

Received: 07/27/2023

Entered: 07/27/2023

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec:

AMA Rec:

Board Action:

License #: 1343

Sex: F

Ethnic Origin: 1

Endorsed By: BOC

Orig Issued:

Orig. Lic. Exp:

| | Test | Score | Date Taken | Date Verified | Attempts |
|-----------------|------|-------|------------|---------------|----------|
| Test 1: | | | | | |
| Test 2: | | | | | |
| Test 3: | | | | | |
| Test AV: | | | | | |
| Total Possible: | | | | | |
| Okla Passing: | | | | | |
| Total Score: | | | | | |

PRE-MED EDUCATION

School Name: MUSKINGUM UNIVERSITY

City: NEW CONCORD

State: OH **Country:** UNITED STATES

Degree: MASTER OF ART IN ADULT
EDUCATION

From: 8/2014 **To:** 5/ 2016 **Verified:**

School Name: WAYNESBURG UNVIERSITY

City: WAYNESBURG

State: PA **Country:** UNITED STATES

Degree: BACHELOR OF SCIENCE IN ATHLETIC
TRAINING

From: 8/2010 **To:** 5/ 2014 **Verified:**

School Name: MERCERSBURG ACADEMY

City: MERCERSBURG

State: PA **Country:** UNITED STATES

Degree:

From: 8/2006 **To:** 6/ 2010 **Verified:**

| Certification or Provider # | Name | Type | Status | Expiration Date | City | State | Country |
|-----------------------------|--------------------|------------------|-----------|-----------------|------|-------|---------|
| 2000018200 | Brookke D Mahaffey | Athletic Trainer | Certified | 12/31/2025 | | | |

RECEIVED

JAN 02 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

**PRIMARY
SOURCE**



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Sent via mail and email to [REDACTED]

December 11, 2023

Christopher Watson, AT Applicant 368
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for licensure has been received. A personal appearance has been scheduled for you before the Athletic Trainers Advisory Committee on, **January 10, 2024 at 9:00 a.m., at the offices of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 or via Zoom.** (See: *Okla. Admin. Code 435:25-5-2(c)* provided below).

In processing your application, the following has been determined:

- (a) Your Oklahoma license lapsed August 31, 2022; and
- (b) Your last practice was June 2022; and
- (c) Your BOC Certification expires on December 31, 2023; and
- (d) You are not currently licensed in any other state.

Okla. Admin. Code 435:25-5-2. Initial licensure; renewal; reinstatement

- (a) Initial licensure of an Athletic Trainer shall be for one year and shall be renewed annually.
- (b) Athletic Trainers with licenses lapsed twelve months or less wishing to apply for reinstatement of licensure will be required to file an application on forms provided by the Board. Athletic Trainers may be required to meet one or more of the following guidelines:
 - (1) Personal appearance before the Advisory Committee;
 - (2) Practice under the direct supervision of a licensed Athletic Trainer and/or licensed physician for up to ninety (90) days. The supervising Athletic Trainer and/or supervising Physician will provide to the Committee a report on the applicant's performance prior to licensure; or
 - (3) Provide proof of current BOC certification
- (c) Athletic Trainers with *licenses lapsed more than twelve months* wishing to re-enter the practice of Athletic Trainer will be required to file a new application on forms provided by the Board. Athletic Trainers may be required to meet one or more of the following guidelines:
 - (1) Personal appearance before the Advisory Committee;
 - (2) Practice under the direct supervision of a licensed Athletic Trainer and/or licensed Physician for one month (at least 22 days) for each year the license was lapsed. The supervising Athletic Trainer and/or supervising Physician will provide to the Committee a report on the applicant's performance prior to licensure;
 - (3) Provide proof of up to 25 continuing education units for each year the license was lapsed or proof of current NATABOC Certification;
 - (4) Provide proof of current good standing with the BOC; or
 - (4) Retake and pass the BOC examination or a Committee-determined equivalent thereof.

Please confirm your attendance at this meeting.

Sincerely,

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 368 CHRISTOPHER JOHN WATSON
 Licensed Athletic Trainer

Practice Address:
 October 03, 2023
 MCBRIDE ORTHOPEDIC HOSPITAL
 9600 BROADWAY EXT

 OKLAHOMA CITY, OK 73114
 OKLAHOMA

 UNITED STATES

Status: I
Res: RI
Received: 09/19/2023
Entered: 09/19/2023

Endorsed By: BOC
Orig Issued: 09/11/2003 **Orig. Lic. Exp:** 08/31/2022

Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 368
Sex: M
Ethnic Origin: 1

| | Test | Score | Date Taken | Date Verified | Attempts |
|------------------------|------|-------|------------|---------------|----------|
| Test 1: | | | | | |
| Test 2: | | | | | |
| Test 3: | | | | | |
| Test AV: | | | | | |
| Total Possible: | | | | | |
| Okla Passing: | | | | | |
| Total Score: | | | | | |

| PRE-MED EDUCATION | |
|--|---|
| School Name: UNIVERSITY OF OKLAHOMA City: NORMAN Degree: HUMAN RELATIONS | State: OK Country: UNITED STATES From: 8/2005 To: 5/ 2007 Verified: |
| School Name: STERLING COLLEGE City: STERLING Degree: BS HEALTH PHYS ED & BS ATHLETIC TRAINING | State: KS Country: UNITED STATES From: 8/1998 To: 5/ 2002 Verified: |
| School Name: MCGUINNESS HIGH SCHOOL City: OKLAHOMA CITY Degree: | State: OK Country: UNITED STATES From: 8/1994 To: 5/ 1998 Verified: |

| Certification or Provider # | Name | Type | Status | Expiration Date | City | State | Country |
|-----------------------------|-------------------------|------------------|-----------|-----------------|--------|-------|---------|
| 020302205 | Christopher J Watson | Athletic Trainer | Certified | 12/31/2025 | Norman | OK | USA |

RECEIVED

JAN 02 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

**PRIMARY
SOURCE**



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Emailed to [REDACTED]

December 11, 2023

Rhonda Wood, AT Applicant 1318
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application was reviewed by the Athletic Trainer Advisory Committee on August 16, 2023 to determine licensure in the state of Oklahoma. The committee determined that you would need to appear before the committee in support of your application for licensure.

A personal appearance has been scheduled for you before the Athletic Trainer Advisory Committee on **January 10, 2024 at 09:00 a.m., at the office of the Oklahoma Medical Board of Licensure and Supervision, 101 N.E. 51st Street, Oklahoma City, Oklahoma 73105.**

Per your application received March 22, 2023:

1. Your last practice occurred March 2023, though you admitted to practicing as Head Athletic Trainer beginning September 2022; and
2. Your BOC Certification expires on December 31, 2025.

The minutes from that meeting are below.

The Committee had questions regarding the incomplete application of RHONDA LEE WOOD for Athletic Trainer licensure, specifically that it appeared as though she had practiced without proper licensure. Following much discussion, Mr. Chlouber recommend tabling the application pending a personal appearance with a letter to the Murray State Athletic Director advising of Ms. Wood's alleged practice without proper licensure. Mr. Fulton seconded the motion and the vote was unanimous in the affirmative. After the vote, the Committee discussed setting up a special meeting for this matter and the consensus was they did not believe it was necessary to set up a special meeting at this time.

Please confirm your attendance at this meeting.

Sincerely,

Handwritten signature of Lisa K. Cullen in blue ink.

Lisa K. Cullen
Director of Licensing

Minutes

The Athletic Trainers Advisory Committee of the Board of Medical Licensure and Supervision met on August 16, 2023, in accordance with the Open Meeting Act. Advance notice of this regular meeting was transmitted to the Oklahoma Secretary of State on November 22, 2022. The notice and agenda were posted on the agency's website on July 28, 2023 at 10:27 AM, in accordance with 25 O.S. § 311(A)(9).

Members Present:

Jeffrey L. McKibbin, AT, Chair
Keith Chlouber, AT
Robert Fulton, AT
Barry L. Northcutt, MD
Megan Meier, MD

Others Present:

Barbara J. Smith, Executive Secretary
Valeska Barr, Assistant Director of Licensing

Having noted a quorum, Mr. McKibbin called the meeting to order at 9:00 a.m. Barbara Smith called roll to establish the quorum for the record.

Following Committee review, Mr. Chlouber moved to approve the minutes of February 8, 2023, as written. Mr. Fulton seconded the motion and the vote was unanimous in the affirmative.

The Committee then reviewed applications for licensure. Mr. Chlouber moved to recommend approval of the incomplete application(s) for Apprentice Athletic Trainer licensure pending completion of the file(s) as shown on **Attachment #1** hereto. Mr. Fulton seconded the motion and the vote was unanimous in the affirmative.

The Committee had questions regarding the incomplete application of RHONDA LEE WOOD for Athletic Trainer licensure, specifically that it appeared as though she had practiced without proper licensure. Following much discussion, Mr. Chlouber recommend tabling the application pending a personal appearance with a letter to the Murray State Athletic Director advising of Ms. Wood's alleged practice without proper licensure. Mr. Fulton seconded the motion and the vote was unanimous in the affirmative. After the vote, the Committee discussed setting up a special meeting for this matter and the consensus was they did not believe it was necessary to set up a special meeting at this time.

Mr. Chlouber moved to recommend approval of the incomplete application(s) for Athletic Trainer licensure pending completion of the file(s) as shown on **Attachment #1** hereto with the exception of Rhonda Lee Wood, AT 1318. Mr. Fulton seconded the motion and the vote was unanimous in the affirmative.

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1318 RHONDA LEE WOOD
 Licensed Athletic Trainer

Practice Address:
 April 17, 2023

, OK
 NOT OKLAHOMA

Status:

Endorsed By: BOC

Res:

Orig Issued:

Orig. Lic. Exp:

Received: 03/22/2023

Entered: 03/22/2023

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec:

AMA Rec:

Board Action: TB

License #: 1318

Sex: F

Ethnic Origin: 1

| | Test | Score | Date Taken | Date Verified | Attempts |
|--|-----------------|-------|------------|---------------|----------|
| | Test 1: | | | | |
| | Test 2: | | | | |
| | Test 3: | | | | |
| | Test AV: | | | | |
| | Total Possible: | | | | |
| | Okla Passing: | | | | |
| | Total Score: | | | | |

PRE-MED EDUCATION

School Name: EAST CENTRAL UNIVERSITY

City: ADA

Degree: MASTER'S DEGREE

State: OK **Country:** UNITED STATES

From: 8/2018 **To:** 5/ 2020 **Verified:**

School Name: EAST CENTRAL UNIVERSITY

City: ADA

Degree: BACHELOR'S DEGREE

State: OK **Country:** UNITED STATES

From: 8/2014 **To:** 5/ 2017 **Verified:**

School Name: MURRAY STATE COLLEGE

City: TISHOMINGO

Degree: ASSOCIATES

State: OK **Country:** UNITED STATES

From: 8/2012 **To:** 5/ 2014 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1318 RHONDA LEE WOOD

Licensed Athletic Trainer

PRACTICE HISTORY

| | |
|--|--|
| Employed: Murray State College City: TISHOMINGO Specialty: HEAD ATHLETIC TRAINER Comments: DOES NOT HAVE AN OKLAHOMA AT LICENSE - I AM THE HEAD ATHLETIC TRAINER AT MURRAY STATE COLLEGE. | Supervisor: State: OK Country: UNITED STATES From: 9/2022 To: 3/2023 Verified: |
|--|--|

| | |
|---|--|
| Employed: PAIN MANAGEMENT CLINIC City: ARDMORE Specialty: MA Comments: | Supervisor: State: OK Country: UNITED STATES From: 7/2022 To: 9/2023 Verified: |
|---|--|

| | |
|---|--|
| Employed: ORTHO PLUS City: ARDMORE Specialty: MA Comments: | Supervisor: State: OK Country: UNITED STATES From: 7/2021 To: 7/2022 Verified: |
|---|--|

| | |
|---|--|
| Employed: PAIN MANAGEMENT CLINIC City: ARDMORE Specialty: MA Comments: | Supervisor: State: OK Country: UNITED STATES From: 7/2020 To: 7/2021 Verified: |
|---|--|

| | |
|---|--|
| Employed: ARDMORE HIGH SCHOOL City: ARDMORE Specialty: TEACHER Comments: | Supervisor: State: OK Country: UNITED STATES From: 8/2017 To: 5/2020 Verified: |
|---|--|

| | |
|--|--|
| Employed: NONE City: TISHOMINGO Specialty: UNEMPLOYED Comments: | Supervisor: State: OK Country: UNITED STATES From: 5/1990 To: 8/2012 Verified: |
|--|--|

Other Licenses

| State | Lic Type and Number | Status | Issued | Exp | Verif |
|-------|---------------------|--------|--------|-----|-------|
|-------|---------------------|--------|--------|-----|-------|

DEFICIENCIES

Protocol

Supervisors

OTHER DEFICIENCIES: TABLED PENDING A PERSONAL APPEARANCE WITH A LETTER TO THE MURRAY STATE ATHLETIC DIRECTOR ADVISING OF MS. WOOD'S ALLEGED PRACTICE WITHOUT PROPER LICENSURE//

DOCUMENTATION OF ALL LEGAL NAME CHANGE REQUIRED/ WHERE DID YOU OBTAIN YOUR ATHLETIC TRAINING DEGREE?/

NEED EXPLANATION HOW YOU ARE PRACTICED AS AN ATHLETIC TRAINER PRIOR TO OK LICENSURE/

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1340 MEGAN ANN BURK
 Licensed Athletic Trainer

Practice Address:
 September 22, 2023
 NORTHEASTERN STATE UNIVERSITY
 600 N GRAND AVE

 TAHLEQUAH, OK 74464
 CHEROKEE

 UNITED STATES

Status:
Res:
Received: 07/20/2023
Entered: 07/20/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1340
Sex: F
Ethnic Origin: 1

Endorsed By: BOC
Orig Issued: **Orig. Lic. Exp:**

| | Test | Score | Date Taken | Date Verified | Attempts |
|------------------------|------|-------|------------|---------------|----------|
| Test 1: | | | | | |
| Test 2: | | | | | |
| Test 3: | | | | | |
| Test AV: | | | | | |
| Total Possible: | | | | | |
| Okla Passing: | | | | | |
| Total Score: | | | | | |

| PRE-MED EDUCATION | | | | | |
|--|--|---------------------|-------------------------------|------------------|--|
| School Name: CULVER STOCKTON COLLEGE | | | | | |
| City: CANTON | | State: MO | Country: UNITED STATES | | |
| Degree: BACHELORS IN ATHLETIC TRAINING | | From: 8/2016 | To: 12/ 2018 | Verified: | |
| <hr/> | | | | | |
| School Name: SOUTHEASTERN COMMUNITY COLLEGE | | | | | |
| City: BURLINGTON | | State: IA | Country: UNITED STATES | | |
| Degree: ASSOCIATE OF SCIENCE | | From: 8/2014 | To: 5/ 2016 | Verified: | |
| <hr/> | | | | | |
| School Name: HOLY TRINITY CATHOLIC SCHOOL | | | | | |
| City: FORT MADISON | | State: IA | Country: UNITED STATES | | |
| Degree: | | From: 8/2010 | To: 5/ 2014 | Verified: | |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1340 MEGAN ANN BURK

Licensed Athletic Trainer

PRACTICE HISTORY

| | |
|---|--|
| Employed: NORTHEASTERN STATE UNIVERSITY City: TAHLEQUAH Specialty: AT Comments: 600 N GRAND AVE TAHLEQUAH, OK 74464 918-444-3921 | Supervisor: SCOTT RAHHAL, MD 17265 State: OK Country: UNITED STATES From: 9 / 2023 To: / Verified: |
|---|--|

| | |
|---|---|
| Employed: Iowa Wesleyan University City: MOUNT PLEASANT Specialty: ASSISTANT AT Comments: COVERED ALL SPORTS FOR UNIVERSITY. WORKED IN CLINIC ON CAMPUS. WORKED WITH INSURANCE COMPANY AS WELL | Supervisor: State: IA Country: UNITED STATES From: 10 / 2022 To: 5 / 2023 Verified: |
|---|---|

| | |
|---|---|
| Employed: Prairie High School City: CEDAR RAPIDS Specialty: HEAD AT Comments: COVERED ALL HIGH SCHOOL SPORTS AND WORKED IN A CLINIC SETTING ON CAMPUS. | Supervisor: State: IA Country: UNITED STATES From: 8 / 2022 To: 10 / 2022 Verified: |
|---|---|

| | |
|--|--|
| Employed: Southeastern Regional Medical Center City: BURLINGTON Specialty: PERSONAL TRAINER Comments: WORKED IN TRAINING ROOM IN CLINIC SETTING. COVERED HIGH SCHOOL, JUNIOR COLLEGE, AND UNIVERSITY. | Supervisor: State: IA Country: UNITED STATES From: 2 / 2019 To: 7 / 2022 Verified: |
|--|--|

Other Licenses

| State | Lic Type and Number | Status | Issued | Exp | Verif |
|-------|---------------------|--------|----------|---------|--------|
| IA | AT 095380 | A | 10/30/19 | 2/28/25 | 8/3/23 |

DEFICIENCIES

Application Instructions

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1350 ALEC DALTON-SHEA PUCKETT
 Licensed Athletic Trainer

| PRACTICE HISTORY | | | |
|--|---|--|--|
| Employed: NONE City: BIXBY Specialty: UNEMPLOYED Comments: | Supervisor: State: OK Country: UNITED STATES From: 5 / 2023 To: / Verified: | | |
| Employed: Planet Fitness City: TULSA Specialty: MEMBER SERVICE REPRESENTATIVE Comments: | Supervisor: State: OK Country: UNITED STATES From: 5 / 2016 To: 11 / 2016 Verified: | | |

| Other Licenses | | | | | |
|-----------------------|---------------------|--------|--------|-----|-------|
| State | Lic Type and Number | Status | Issued | Exp | Verif |
| | | | | | |

| <u>DEFICIENCIES</u> |
|----------------------------|
| Protocol Supervisors |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1352 CHRISTY MARIE KERFOOT-TIDWELL
 Licensed Athletic Trainer

Practice Address:
 October 12, 2023

Status:
Res:
Received: 10/06/2023
Entered: 10/06/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1352
Sex: F
Ethnic Origin: 1

Endorsed By: BOC
Orig Issued: **Orig. Lic. Exp:**

| | Test | Score | Date Taken | Date Verified | Attempts |
|------------------------|------|-------|------------|---------------|----------|
| Test 1: | | | | | |
| Test 2: | | | | | |
| Test 3: | | | | | |
| Test AV: | | | | | |
| Total Possible: | | | | | |
| Okla Passing: | | | | | |
| Total Score: | | | | | |

| PRE-MED EDUCATION | | | | | |
|--|--|---------------------|-------------------------------|------------------|--|
| School Name: SWOSU | | State: OK | Country: UNITED STATES | | |
| City: WEATHERFORD | | From: 5/2009 | To: 6/ 2011 | Verified: | |
| Degree: NA | | | | | |
| School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY | | State: OK | Country: UNITED STATES | | |
| City: WEATHERFORD | | From: 8/2006 | To: 5/ 2009 | Verified: | |
| Degree: B.S. ATHLETIC TRAINING | | | | | |
| School Name: NORTHWESTERN OKLAHOMA STATE UNIVERSITY | | State: OK | Country: UNITED STATES | | |
| City: ALVA | | From: 8/2004 | To: 5/ 2006 | Verified: | |
| Degree: N/A | | | | | |
| School Name: BURLINGTON PUBLIC SCHOOLS | | State: OK | Country: UNITED STATES | | |
| City: BURLINGTON | | From: 8/2000 | To: 5/ 2004 | Verified: | |
| Degree: DIPLOMA | | | | | |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1352 CHRISTY MARIE KERFOOT-TIDWELL

Licensed Athletic Trainer

| PRACTICE HISTORY | | | |
|--|---|--|--|
| Employed: Oklahoma State Department of Health City: ALVA Specialty: HEALTH EQUITY SPECIALIST. Comments: 10/27/23 - STILL EMPLOYED (KS) | Supervisor: State: OK Country: UNITED STATES From: 5 /2022 To: / Verified: | | |
| Employed: Aline-Cleo Public Schools City: ALINE Specialty: TEACHER Comments: 7-12 SCIENCE EDUCATOR | Supervisor: State: OK Country: UNITED STATES From: 8 /2020 To: 5 /2022 Verified: | | |
| Employed: Faith Center Fellowship City: CHEROKEE Specialty: CHURCH STAFF Comments: SUNDAY SCHOOL TEACHER AND WEDNESDAY NIGHT YOUTH GROUP. | Supervisor: State: OK Country: UNITED STATES From: 10 /2018 To: 5 /2022 Verified: | | |
| Employed: Fence Master America City: CHEROKEE Specialty: BUSINESS OFFICE MANAGER Comments: ON PRN BASIS. | Supervisor: State: OK Country: UNITED STATES From: 5 /2018 To: 12 /2020 Verified: | | |
| Employed: Friends of Kiowa District Hospital and Manor Found City: KIOWA Specialty: GRANT PROJECT MANAGER AND COMMUNITY LIAISON. Comments: | Supervisor: State: KS Country: UNITED STATES From: 2 /2017 To: 8 /2021 Verified: | | |
| Employed: Kiowa District Hospital City: KIOWA Specialty: ADMINISTRATION ASSISTANT Comments: RURAL HEALTH CLINIC ADMINISTRATION FOR ONE YEAR; THEN PROMOTED TO ADMINISTRATION ASSISTANT. | Supervisor: State: KS Country: UNITED STATES From: 11 /2015 To: 3 /2019 Verified: | | |
| Employed: BancCentral City: ALVA Specialty: LOAN COORDINATOR Comments: | Supervisor: State: OK Country: UNITED STATES From: 8 /2015 To: 11 /2015 Verified: | | |
| Employed: Terry Graham City: CHEROKEE Specialty: ADMINISTRATIVE ASSISTANT Comments: | Supervisor: State: OK Country: UNITED STATES From: 8 /2014 To: 8 /2015 Verified: | | |
| Employed: NONE City: ALVA Specialty: STAY AT HOME PARENT Comments: | Supervisor: State: OK Country: UNITED STATES From: 1 /2014 To: 8 /2014 Verified: | | |
| Employed: Great Salt Plains Health Center City: CHEROKEE Specialty: CARE COORDINATOR Comments: I WORKED AS A RECEPTIONIST FOR 3.5 MONTHS THEN PROMOTED TO CARE COORDINATOR. | Supervisor: State: OK Country: UNITED STATES From: 10 /2012 To: 1 /2014 Verified: | | |
| Employed: NONE | Supervisor: | | |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1352 CHRISTY MARIE KERFOOT-TIDWELL

Licensed Athletic Trainer

| | |
|--|---|
| <p>City: BURLINGTON Specialty: UNEMPLOYED Comments:</p> | <p>State: OK Country: UNITED STATES From: 8 /2012 To: 10 /2012 Verified:</p> |
| <p>Employed: NONE City: BENBROOK Specialty: SUMMER BREAK Comments:</p> | <p>Supervisor: State: TX Country: UNITED STATES From: 5 /2012 To: 8 /2012 Verified:</p> |
| <p>Employed: St. Mary's Regional Medical Center City: ENID Specialty: PHYSICAL THERAPY AIDE Comments:</p> | <p>Supervisor: State: OK Country: UNITED STATES From: 6 /2011 To: 5 /2012 Verified:</p> |
| <p>Employed: St. Mary's Regional Medical Center City: ENID Specialty: PHYSICAL THERAPY AIDE Comments:</p> | <p>Supervisor: State: OK Country: UNITED STATES From: 6 /2006 To: 12 /2008 Verified:</p> |
| <p>Employed: YMCA City: ENID Specialty: LIFEGUARD Comments:</p> | <p>Supervisor: State: OK Country: UNITED STATES From: 6 /2006 To: 5 /2008 Verified:</p> |
| <p>Employed: Beadles Nursing Home City: ALVA Specialty: CNA Comments: CERTIFIED NURSING AIDE FOR LONG TERM CARE FACILITY.</p> | <p>Supervisor: State: OK Country: UNITED STATES From: 7 /2005 To: 5 /2007 Verified:</p> |

| Other Licenses | | | | | |
|----------------|---------------------|--------|--------|-----|-------|
| State | Lic Type and Number | Status | Issued | Exp | Verif |
| | | | | | |

| DEFICIENCIES |
|--------------|
| Protocol |
| Supervisors |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1353 ANDREW KYLE DIECKMANN
 Licensed Athletic Trainer

Practice Address:

December 06, 2023
 OKLAHOMA SPORTS ORTHOPEDIC INSTITUTE/SSM
 13401 N WESTERN AVE, SUTIE 301

OKLAHOMA CITY, OK 73114
 OKLAHOMA

UNITED STATES

Status:
Res:
Received: 10/27/2023
Entered: 10/27/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1353
Sex: M
Ethnic Origin: 1

Endorsed By: BOC
Orig Issued: **Orig. Lic. Exp:**

| | Test | Score | Date Taken | Date Verified | Attempts |
|------------------------|------|-------|------------|---------------|----------|
| Test 1: | | | | | |
| Test 2: | | | | | |
| Test 3: | | | | | |
| Test AV: | | | | | |
| Total Possible: | | | | | |
| Okla Passing: | | | | | |
| Total Score: | | | | | |

| PRE-MED EDUCATION | | | | | |
|---|--|---------------------|--------------------|-------------------------------|--|
| School Name: MISSOURI STATE UNIVERSITY | | | | | |
| City: SPRINGFIELD | | State: MO | | Country: UNITED STATES | |
| Degree: DOCTORATE OF PHYSICAL THERAPY | | From: 6/2019 | To: 5/ 2022 | Verified: | |
| School Name: KANSAS STATE UNIVERSITY | | | | | |
| City: MANHATTAN | | State: KS | | Country: UNITED STATES | |
| Degree: BACHELOR OF SCIENCE IN ATHLETIC TRAINING | | From: 8/2015 | To: 5/ 2019 | Verified: | |
| School Name: JOHNSON COUNTY COMMUNITY COLLEGE | | | | | |
| City: OVERLAND PARK | | State: KS | | Country: UNITED STATES | |
| Degree: | | From: 8/2014 | To: 7/ 2017 | Verified: | |
| School Name: OLATHE SOUTH HIGH SCHOOL | | | | | |
| City: OLATHE | | State: KS | | Country: UNITED STATES | |
| Degree: HIGH SCHOOL DEPLOMA | | From: 8/2011 | To: 5/ 2015 | Verified: | |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1353 ANDREW KYLE DIECKMANN
 Licensed Athletic Trainer

| PRACTICE HISTORY | | | | | |
|---|--|--|--|--|--|
| Employed: OKLAHOMA SPORTS ORTHOPEDIC INSTITUTE/SSM HEALTH City: OKLAHOMA CITY Specialty: AT Comments: 12/6/23 - TEMP NOT ISSUED, INCOMPLETE (KS) 13401 N WESTERN AVE, SUITE 301 OKLAHOMA CITY, OK 73114 405-218-2530 | Supervisor: SEETHAL MADHAVARAPU, MD 23053 State: OK Country: UNITED STATES From: 12 /2023 To: / Verified: | | | | |
| Employed: ORTHOPEDIC SPINE & SPORTS PHYSICAL THERAPY City: MOORE Specialty: PT Comments: 11/15/23 - STILL WORKING HERE (KS) | Supervisor: State: OK Country: UNITED STATES From: 6 /2022 To: / Verified: | | | | |

| Other Licenses | | | | | |
|-----------------------|-----------------------|--------|---------|---------|----------|
| State | Lic Type and Number | Status | Issued | Exp | Verif |
| OK | Physical Therapy 6231 | A | 10/4/22 | 1/31/24 | 11/15/23 |
| MO | AT 2019026347 | I | 7/10/19 | 1/30/23 | 11/20/23 |

| DEFICIENCIES |
|---------------------------|
| Application Instructions |
| Extended Background Check |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1354 LOGAN B LANSDALE

Licensed Athletic Trainer

PRACTICE HISTORY

Employed: MERCY CLINIC ORTHOPEDIC ASSOCIATES **Supervisor:** MICHAEL KIEHN, MD 23364
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: AT **From:** 12 /2023 **To:** / **Verified:** 11/28/2023
Comments: 11/22/2023- RECEIVED FORM 5, APP INCOMPLETE. TEMP NOT ISSUED, TS
3301 NW 50TH ST
OKLAHOMA CITY, OK 73112
405-947-0911 EXT 289

Employed: MERCY CLINIC ORTHOPEDIC ASSOC. **Supervisor:** STEVEN BRANTLEY,
MD28487
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: AT **From:** 11 /2023 **To:** / **Verified:** 11/22/2023
Comments: 11/22/2023- RECEIVED FORM 5, APP INCOMPLETE. TEMP NOT ISSUED, TS
3301 NW 50TH ST
OKLAHOMA CITY, OK 73112
405-947-0911

Employed: Mercy Hospital Logan County **Supervisor:**
City: GUTHIRE **State:** OK **Country:** UNITED STATES
Specialty: PHYSICAL THERAPY **From:** 8 /2023 **To:** / **Verified:**
Comments: OUTPATIENT AND SWINGBED

Employed: NONE **Supervisor:**
City: MORRIS **State:** OK **Country:** UNITED STATES
Specialty: UNEMPLOYED **From:** 4 /2020 **To:** 8 /2020 **Verified:**
Comments: TRANSITION PERIOD FROM EMPLOYMENT INTO DOCTORATE OF PHYSICL THERAPY
PROGRAM.

Employed: The Campbell Clinic **Supervisor:**
City: OKMULGEE **State:** OK **Country:** UNITED STATES
Specialty: MOVEMENT SPECIALIST **From:** 6 /2019 **To:** 4 /2020 **Verified:**
Comments: RUNNING A NEW REHAB/EXERCISE PROGRAM AS A FUNCTIONAL MOVEMENT
SPECIALIST IN A MULTI BRANCH CLINIC.

Employed: Dollar General **Supervisor:**
City: ADA **State:** OK **Country:** UNITED STATES
Specialty: MANAGER **From:** 1 /2016 **To:** 5 /2019 **Verified:**
Comments: KEY HOLDER/NIGHT MANAGER ON DUTY. PERFORMED TASKS FOR DAILY
MAINTENANCE AND WORKFLOW.

Employed: Bethany College **Supervisor:**
City: LINDSBORG **State:** KS **Country:** UNITED STATES
Specialty: TUTOR **From:** 10 /2014 **To:** 12 /2015 **Verified:**
Comments: I WAS A TUTOR IN BIOLOGY, HUMAN ANATOMY, AND PHYSIOLOGY.

Employed: NONE **Supervisor:**
City: MORRIS **State:** OK **Country:** UNITED STATES
Specialty: UNEMPLOYED **From:** 5 /2014 **To:** 10 /2014 **Verified:**
Comments: THIS WAS BETWEEN HIGH SCHOOL AND COLLEGE. I TOOK A BREAK BEFORE I
STARTED COLLEGE.

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1354 LOGAN B LANSDALE
 Licensed Athletic Trainer

| Other Licenses | | | | | |
|-----------------------|----------------------------|---------------|---------------|------------|--------------|
| State | Lic Type and Number | Status | Issued | Exp | Verif |
| OK | PT 6420 | A | 11/6/23 | 1/31/24 | 12/4/23 |

DEFICIENCIES

Affidavit DEFICIENCIES: NEED NOTARIZED STATEMENT RE "YES" ANSWERS ON APPLICATION

Time Deficiency Form for: ARE YOU CURRENTLY PRACTICING AS A PT AT MERCY HOSPITAL?- MUST USE TIME DEFICIENCY FORM

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1355 HANNAH NICOLE RIEGEL

Licensed Athletic Trainer

| PRACTICE HISTORY | | | | | |
|---|---|--|--|--|--|
| Employed: Select Medical City: TULSA Specialty: ATHLETIC TRAINER Comments: | Supervisor: State: OK Country: UNITED STATES From: 1 /2024 To: / Verified: | | | | |
| Employed: INTEGRIS SURGICAL ASSOCIATES City: TULSA Specialty: AT Comments: 12/9/2023 RECEIVED FORM 5, APP INCOMPLETE TEMP NOT ISSUED. (TS) 8110 S YALE AVE TULSA, OK 74137 918-583-4400 | Supervisor: CLINT BASENER, DO 4272 State: OK Country: UNITED STATES From: 1 /2024 To: / Verified: 12/9/2023 | | | | |
| Employed: University of Arkansas City: FAYETTEVILLE Specialty: ASSISTANT ATHLETIC TRAINER Comments: | Supervisor: State: AR Country: UNITED STATES From: 8 /2022 To: 12 /2023 Verified: | | | | |
| Employed: University of Central Arkansas City: CONWAY Specialty: ASSISTANT ATHLETIC TRAINER & CLINICAL INSTRUCT Comments: ASSISTANT ATHLETIC TRAINER & CLINICAL INSTRUCTOR | Supervisor: State: AR Country: UNITED STATES From: 7 /2021 To: 7 /2022 Verified: | | | | |
| Employed: Minnesota State University City: MOORHEAD Specialty: ASSISTANT ATHLETIC TRAINER Comments: | Supervisor: State: MN Country: UNITED STATES From: 10 /2020 To: 5 /2021 Verified: | | | | |
| Employed: Sanford Orthopedics City: FARGO Specialty: PRN ATHLETIC TRAINER Comments: | Supervisor: State: ND Country: UNITED STATES From: 11 /2019 To: 4 /2021 Verified: | | | | |
| Employed: Valley City State University City: VALLEY CITY Specialty: INTERN ATHLETIC TRAINER Comments: | Supervisor: State: ND Country: UNITED STATES From: 10 /2019 To: 5 /2020 Verified: | | | | |
| Employed: UNIVERSITY OF TULSA City: TULSA Specialty: AA Comments: | Supervisor: DAVID POLANSKI, AT 241 State: OK Country: From: 9 /2016 To: 9 /2018 Verified: | | | | |

| Other Licenses | | | | | |
|----------------|---------------------|--------|---------|---------|----------|
| State | Lic Type and Number | Status | Issued | Exp | Verif |
| AR | AT 953 | A | 5/4/21 | 6/30/24 | 11/15/23 |
| MN | AT 3373 | I | 7/27/20 | 6/30/21 | 11/17/23 |
| ND | AT 860-19 | I | 8/21/19 | 6/30/21 | 11/22/23 |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

| Type | Number | Name |
|------|--------|----------------------|
| AT | 1355 | HANNAH NICOLE RIEGEL |

Licensed Athletic Trainer

DEFICIENCIES

PHOTO

Protocol

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 682 AMANDA JEAN COWAN
 Licensed Athletic Trainer

Practice Address:

November 03, 2023
 ORTHOPEADIC AND SPORTS MEDICINE CENTER
 825 E ROBINSON

NORMAN, OK 73071
 CLEVELAND

UNITED STATES

Status: A
Res: RI
Received: 10/17/2023
Entered: 10/17/2023
Temp Issued: 11/07/2023
Temp Expires: 01/18/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 682
Sex: F
Ethnic Origin: 1

Endorsed By: NATABOC
Orig Issued: 11/18/2011 **Orig. Lic. Exp:** 01/18/2024

| | Test | Score | Date Taken | Date Verified | Attempts |
|-----------------|------|-------|------------|---------------|----------|
| Test 1: | | | | | |
| Test 2: | | | | | |
| Test 3: | | | | | |
| Test AV: | | | | | |
| Total Possible: | | 0 | | | |
| Okla Passing: | | 0 | | | |
| Total Score: | | 0 | | | |

| PRE-MED EDUCATION | | | | | |
|---|--------------|------------------------|-----------|--|--|
| School Name: EAST CENTRAL UNIVERSITY | | | | | |
| City: ADA | State: OK | Country: UNITED STATES | | | |
| Degree: MED SECONDARY EDUCATION-SPORTS ADMINISTRATION | From: 8/2009 | To: 12/ 2010 | Verified: | | |
| School Name: EAST CENTRAL UNIVERSITY | | | | | |
| City: ADA | State: OK | Country: UNITED STATES | | | |
| Degree: BACHELORS IN SCIENCE/ ATHLETIC TRAINING | From: 8/2006 | To: 12/ 2009 | Verified: | | |
| School Name: MURRAY STATE COLLEGE | | | | | |
| City: TISHOMINGO | State: OK | Country: UNITED STATES | | | |
| Degree: ASSOC IN SCIENCE | From: 1/2004 | To: 5/ 2006 | Verified: | | |
| School Name: OKLAHOMA STATE UNIVERSITY | | | | | |
| City: STILLWATER | State: OK | Country: UNITED STATES | | | |
| Degree: | From: 8/2003 | To: 12/ 2003 | Verified: | | |
| School Name: WAYNE HIGH | | | | | |
| City: WAYNE | State: OK | Country: UNITED STATES | | | |
| Degree: | From: 8/1999 | To: 5/ 2003 | Verified: | | |

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 AT 682 AMANDA JEAN COWAN

Licensed Athletic Trainer

| PRACTICE HISTORY | | | |
|---|--|--|--|
| Employed: ORTHOPEADIC AND SPORTS MEDICINE CENTER City: NORMAN Specialty: AT Comments: 11/2/23MT- TEMP NOT ISSUED, APPLICATION INCOMPLETE 825 E ROBINSON NORMAN, OK 73071 405-364-7900 | Supervisor: VYTAUTAS RINGUS, MD 27975 State: OK Country: UNITED STATES From: 11 /2023 To: / Verified: | | |
| Employed: The University of Oklahoma City: NORMAN Specialty: COLLECTOR Comments: 11/2/2023MT- CURRENTLY WORKING UNIVERSITY COLLECTIONS | Supervisor: State: OK Country: UNITED STATES From: 3 /2023 To: / Verified: | | |
| Employed: ORTHOPAEDIC AND SPORTS MEDICINE CTR City: NORMAN Specialty: AT Comments: 9/1/23 - SUPERVISEE'S LICENSE EXPIRED (KB) | Supervisor: VYTAUYAS RINGUS, MD 27975 State: OK Country: USA From: 2 /2022 To: 8 /2023 Verified: | | |
| Employed: OKLAHOMA CENTER FOR ORTHOPAEDICS City: OKLAHOMA CITY Specialty: AT Comments: 9/1/23 - SUPERVISEE'S LICENSE EXPIRED (KB) | Supervisor: SEAN O'BRIEN DO3481 State: OK Country: From: 9 /2011 To: 8 /2023 Verified: | | |
| Employed: The University of Oklahoma City: NORMAN Specialty: SERVICE REP Comments: BURSAR'S OFFICE | Supervisor: State: OK Country: UNITED STATES From: 7 /2011 To: 3 /2023 Verified: | | |
| Employed: XYLO of Oklahoma City: WAYNE Specialty: OFFICE MANAGER Comments: | Supervisor: State: OK Country: UNITED STATES From: 7 /2010 To: 7 /2011 Verified: | | |
| Employed: NONE City: ADA Specialty: Unemployed Comments: WAS WORKING ON MY MASTERS DEGREE. | Supervisor: State: OK Country: UNITED STATES From: 1 /2010 To: 7 /2010 Verified: | | |
| Employed: East Central University- Mail and Printing Service City: ADA Specialty: OFFICE AID Comments: ANSWERED PHONES, MADE COPIES, AND PUT UP MAIL. | Supervisor: State: OK Country: UNITED STATES From: 8 /2008 To: 12 /2009 Verified: | | |
| Employed: East Central University- Athletics office City: ADA Specialty: OFFICE AID Comments: I ANSWERED PHONES AND HELP STUDENTS IN A COMPUTER LAB. | Supervisor: State: OK Country: UNITED STATES From: 1 /2008 To: 5 /2008 Verified: | | |
| Employed: Williamson Ranch City: BYARS Specialty: RANCH HAND | Supervisor: State: OK Country: UNITED STATES From: 6 /2006 To: 12 /2007 Verified: | | |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

| | | |
|-------------|---------------|-------------------|
| Type | Number | Name |
| AT | 682 | AMANDA JEAN COWAN |

Licensed Athletic Trainer

Comments: I WORK ON A RANCH, WORKING CATTLE, DRIVING TRACTORS AND HAULING HAY.

Employed: NONE

City: TISHOMINGO

Specialty: Unemployed

Comments: DURING THIS TIME I JUST WENT TO COLLEGE. I PLAYED PLAYED SOFTBALL DURING 08/2005-05/2006.

Supervisor:

State: OK **Country:** UNITED STATES

From: 8 /2003 **To:** 5 /2006 **Verified:**

Other Licenses

| State | Lic Type and Number | Status | Issued | Exp | Verif |
|-------|---------------------|--------|----------|---------|---------|
| OK | AT 682 | I | 11/18/11 | 8/31/23 | 11/3/23 |
| TX | AT 5625 | I | 7/1/13 | 7/31/19 | 11/2/23 |

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 947 LACEY MICHELLE JONES
 Licensed Athletic Trainer

Practice Address:

August 11, 2023
 NORTHWESTERN OKLAHOMA STATE UNIVERSITY
 709 OKLAHOMA BLVD

ALVA, OK 73717
 WOODS

UNITED STATES

Status: A
Res: RI
Received: 07/19/2023
Entered: 07/19/2023
Temp Issued: 08/17/2023
Temp Expires: 03/07/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 947
Sex: F
Ethnic Origin: 1

Endorsed By: BOC
Orig Issued: 09/15/2016 **Orig. Lic. Exp:** 03/07/2024

| | Test | Score | Date Taken | Date Verified | Attempts |
|------------------------|------|-------|------------|---------------|----------|
| Test 1: | | | | | |
| Test 2: | | | | | |
| Test 3: | | | | | |
| Test AV: | | | | | |
| Total Possible: | | 0 | | | |
| Okla Passing: | | 0 | | | |
| Total Score: | | 0 | | | |

| PRE-MED EDUCATION | | | | | |
|---|--|---------------------|--|--------------------------------------|--|
| School Name: SOUTHWESTERN OKLAHOMAS STATE UNIVERSITY | | | | | |
| City: WEATHERFORD | | State: OK | | Country: UNITED STATES | |
| Degree: MASTERS OF EDUCATION | | From: 8/2016 | | To: 5/ 2018 Verified: | |
| <hr/> | | | | | |
| School Name: FORT HAYS STATE UNIVERSITY | | | | | |
| City: HAYS | | State: KS | | Country: UNITED STATES | |
| Degree: BACHELOR'S OF SCIENCE IN ATHLETIC TRAINING | | From: 8/2013 | | To: 5/ 2016 Verified: | |
| <hr/> | | | | | |
| School Name: OPSU | | | | | |
| City: | | State: | | Country: UNITED STATES | |
| Degree: | | From: 8/2012 | | To: 12/ 2012 Verified: | |
| <hr/> | | | | | |
| School Name: SOUTH CENTRAL HIGH SCHOOL | | | | | |
| City: COLDWATER | | State: KS | | Country: UNITED STATES | |
| Degree: | | From: 1/2009 | | To: 5/ 2012 Verified: | |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 947 LACEY MICHELLE JONES

Licensed Athletic Trainer

PRACTICE HISTORY

Employed: NORTHWESTERN OKLAHOMA STATE UNIVERSITY
City: ALVA
Specialty: AT
Comments: 709 OKLAHOMA BLVD
ALVA, OK 73717
580-327-8137

Supervisor: STEVEN BRANTLEY, MD
28487
State: OK **Country:** UNITED STATES
From: 8 / 2023 **To:** / **Verified:**

Employed: Southwest Baptist Univeristy
City: BOLIVAR
Specialty: ASSISTANT ATHLETIC TRAINER- COLLEGE- D2
Comments:

Supervisor:
State: MO **Country:** UNITED STATES
From: 8 / 2019 **To:** 7 / 2023 **Verified:**

Employed: Bethel University
City: MCKENZIE
Specialty: ATHLETIC TRAINER- UNIVERSITY NAIA
Comments:

Supervisor:
State: TN **Country:** UNITED STATES
From: 8 / 2018 **To:** 8 / 2019 **Verified:**

Employed: CAMP WALT WHITMAN
City: PIERMONT
Specialty: CAMP AT
Comments:

Supervisor:
State: NH **Country:** UNITED STATES
From: 6 / 2017 **To:** 7 / 2017 **Verified:**

Employed: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY
City: WEATHERFORD
Specialty: GRADUATE ASSISTANT ATHLETIC TRAINER
Comments:

Supervisor:
State: OK **Country:** UNITED STATES
From: 8 / 2016 **To:** 5 / 2018 **Verified:**

Employed: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY
City: WEATHERFORD
Specialty: AT
Comments:

Supervisor: MICHAEL KIEHN, MD 23364
State: OK **Country:** UNITED STATES
From: 8 / 2016 **To:** 7 / 2018 **Verified:**

Employed: GRAY RANCH
City: GOODWELL
Specialty: RANCH HAND
Comments:

Supervisor:
State: OK **Country:** UNITED STATES
From: 1 / 2013 **To:** 8 / 2013 **Verified:**

Other Licenses

| State | Lic Type and Number | Status | Issued | Exp | Verif |
|-------|---------------------|--------|---------|----------|---------|
| OK | AT 947 | I | 9/15/16 | 1/30/21 | 8/1/23 |
| MO | AT 2019034330 | A | 9/3/19 | 1/30/24 | 8/1/23 |
| TN | AT 2443 | I | 9/5/18 | 12/31/19 | 8/1/23 |
| NH | AT 1272 | I | 6/6/17 | 12/31/18 | 8/17/23 |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

| Type | Number | Name |
|------|--------|----------------------|
| AT | 947 | LACEY MICHELLE JONES |

Licensed Athletic Trainer

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 987 GRACE JEAN BAKER
 Licensed Athletic Trainer

Practice Address:

August 17, 2023
 UNIVERSITY OF OKLAHOMA
 180 W BROOKS, RM E-8

 NORMAN, OK 73019
 CLEVELAND

 UNITED STATES

Status: I
Res: RI
Received: 07/28/2023
Entered: 07/28/2023
Temp Issued: 10/19/2023
Temp Expires: 01/18/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 987
Sex: F
Ethnic Origin: 1

Endorsed By: BOC
Orig Issued: 09/07/2017 **Orig. Lic. Exp:** 08/31/2019

| | Test | Score | Date Taken | Date Verified | Attempts |
|------------------------|------|-------|------------|---------------|----------|
| Test 1: | | | | | |
| Test 2: | | | | | |
| Test 3: | | | | | |
| | | | | | |
| Test AV: | | | | | |
| Total Possible: | | 0 | | | |
| Okla Passing: | | 0 | | | |
| Total Score: | | 0 | | | |

| PRE-MED EDUCATION | | | | | |
|---|--|---------------------|--|--------------------------------------|--|
| <hr/> | | | | | |
| School Name: UNIVERSITY OF OKLAHOMA | | | | | |
| City: NORMAN | | State: OK | | Country: UNITED STATES | |
| Degree: MASTERS OF HUMAN RELATIONS | | From: 8/2017 | | To: 5/ 2019 Verified: | |
| <hr/> | | | | | |
| School Name: SOUTHEAST MISSOURI STATE UNIVERSITY | | | | | |
| City: CAPE GIRARDEAU | | State: MO | | Country: UNITED STATES | |
| Degree: ATHLETIC TRAINING | | From: 8/2011 | | To: 12/ 2014 Verified: | |
| <hr/> | | | | | |
| School Name: PARKWAY SOUTH HIGH SCHOOL | | | | | |
| City: MANCHESTER | | State: MO | | Country: UNITED STATES | |
| Degree: | | From: 8/2007 | | To: 5/ 2011 Verified: | |
| <hr/> | | | | | |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 987 GRACE JEAN BAKER
 Licensed Athletic Trainer

| PRACTICE HISTORY | | | |
|--|--|--|--|
| Employed: UNIVERSITY OF OKLAHOMA City: NORMAN Specialty: AT Comments: 180 WEST BROOKS, RM E-8 NORMAN, OK 73019 405-325-8422 | Supervisor: DONALD MCGINNIS, MD 17667 State: OK Country: UNITED STATES From: 10 /2023 To: / Verified: | | |
| Employed: UNIVERSITY OF OKLAHOMA City: NORMAN Specialty: AT Comments: 180 W BROOKS, RM E-8 NORMAN, OK 73019 405-325-8422 | Supervisor: RONALD DUMIGAN, MD 25963 State: OK Country: UNITED STATES From: 8 /2023 To: / Verified: | | |
| Employed: Bryan Health City: LINCOLN Specialty: ATHLETIC TRAINER Comments: | Supervisor: State: NE Country: UNITED STATES From: 9 /2022 To: 6 /2023 Verified: | | |
| Employed: Nebraska Orthopedic Center City: LINCOLN Specialty: ATHLETIC TRAINER/ CAST TECH Comments: | Supervisor: State: NE Country: UNITED STATES From: 11 /2021 To: 9 /2022 Verified: | | |
| Employed: Army West Point Athletics City: WEST POINT Specialty: ASSISTANT ATHLETIC TRAINER Comments: | Supervisor: State: NY Country: UNITED STATES From: 6 /2019 To: 11 /2021 Verified: | | |
| Employed: University of Oklahoma City: NORMAN Specialty: GRADUATE ASSISTANT ATHLETIC TRAINER Comments: | Supervisor: State: OK Country: UNITED STATES From: 8 /2017 To: 5 /2019 Verified: | | |
| Employed: UNIVERSITY OF OKLAHOMA DEPT OF INTERCOLLEGIATE ATH City: NORMAN Specialty: AT Comments: 8/10/23MT- HAS NOT PRACTICED UNDER SUPERVISOR SINCE 5/2019 | Supervisor: BROCK SCHNEBEL, MD 13815 State: OK Country: UNITED STATES From: 4 /2017 To: 1 /2021 Verified: | | |
| Employed: Houston Methodist Willowbrook Hospital City: HOUSTON Specialty: RESIDENT ATHLETIC TRAINER Comments: | Supervisor: State: TX Country: UNITED STATES From: 6 /2016 To: 6 /2017 Verified: | | |
| Employed: Cox Health City: SPRINGFIELD Specialty: PRN AT Comments: TO COVER EVENTS AT LOCAL HIGH SCHOOLS | Supervisor: State: MO Country: UNITED STATES From: 3 /2016 To: 5 /2016 Verified: | | |
| Employed: None | Supervisor: | | |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 987 GRACE JEAN BAKER

Licensed Athletic Trainer

| | | |
|---|-----------------------|--------------------------------------|
| City: SPRINGFIELD | State: MO | Country: UNITED STATES |
| Specialty: UNEMPLOYED | From: 1 / 2015 | To: 2 / 2016 Verified: |
| Comments: NON-DEGREE SEEKING STUDENT COMPLETING PRE-REQUISITES FOR PA SCHOOL | | |

Other Licenses

| State | Lic Type and Number | Status | Issued | Exp | Verif |
|-------|--------------------------|--------|----------|---------|---------|
| NY | Athletic Training 003928 | I | 8/15/19 | 7/31/22 | 8/23/23 |
| TX | AT AT6597 | I | 4/8/16 | 7/30/18 | 8/23/23 |
| NE | AT 1087 | A | 11/18/21 | 5/1/25 | 8/9/23 |
| OK | AT 987 | I | 9/7/17 | 8/31/19 | 7/28/23 |
| MO | AT 2015032686 | I | 9/11/15 | 1/30/20 | 8/7/23 |

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1200 AMANDA KATHRYN MARCHINO
 Licensed Athletic Trainer

Practice Address:

November 16, 2023
 SOUTHWEST MEDICAL CENTER ORTHOPAEDICS
 315 W 15TH ST

LIBERAL, KS 67901
 NOT OKLAHOMA

UNITED STATES

Status: I

Res: RI

Received: 08/13/2023

Entered: 08/13/2023

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec:

AMA Rec:

Board Action:

License #: 1200

Sex: F

Ethnic Origin: 1

Endorsed By: NATABOC

Orig Issued: 02/09/2021

Orig. Lic. Exp: 08/31/2022

| | Test | Score | Date Taken | Date Verified | Attempts |
|------------------------|------|-------|------------|---------------|----------|
| Test 1: | | | | | |
| Test 2: | | | | | |
| Test 3: | | | | | |
| Test AV: | | | | | |
| Total Possible: | | | | | |
| Okla Passing: | | | | | |
| Total Score: | | | | | |

| PRE-MED EDUCATION | | | | | |
|---|--|---------------------|-------------------------------|------------------|--|
| School Name: MERCY COLLEGE OF HEALTH SCIENCE | | | | | |
| City: DES MOINES | | State: IA | Country: UNITED STATES | | |
| Degree: BS HEALTH SCIENCES | | From: 8/2013 | To: 7/2015 | Verified: | |
| <hr/> | | | | | |
| School Name: UNIVERSITY OF IOWA | | | | | |
| City: IOWA CITY | | State: IA | Country: UNITED STATES | | |
| Degree: BS ATHLETIC TRAINING | | From: 8/2005 | To: 5/2009 | Verified: | |
| <hr/> | | | | | |
| School Name: NAPERVILLE CENTRAL HIGH SCHOOL | | | | | |
| City: NAPERVILLE | | State: IL | Country: UNITED STATES | | |
| Degree: DIPOLMA | | From: 8/2001 | To: 5/2005 | Verified: | |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1200 AMANDA KATHRYN MARCHINO
 Licensed Athletic Trainer

PRACTICE HISTORY

Employed: SOUTHWEST MEDICAL CENTER **Supervisor:**
 ORTHOPAEDICS
City: LIBERAL **State:** KS **Country:** UNITED STATES
Specialty: AT **From:** 11 / 2023 **To:** / **Verified:**
Comments: 10/30/23MT- TEMP NOT ISSUED, APPLICATION INCOMPLETE
 315 W 15TH ST
 LIBERAL, KS 67901
 620-624-1651

Employed: Seward County Community College **Supervisor:**
City: LIBERAL **State:** KS **Country:** UNITED STATES
Specialty: ATHLETIC TRAINER **From:** 7 / 2023 **To:** / **Verified:**
Comments: 10/30/23MT- CURRENTLY PRACTICING
 ATHLETIC TRAINER AT SEWARD COUNTY COMMUNITY COLLEGE

Employed: Stormont Vail Hospital **Supervisor:**
City: TOPEKA **State:** KS **Country:** UNITED STATES
Specialty: ASSISTANT ATHLETIC **From:** 2 / 2023 **To:** 5 / 2023 **Verified:**
 TRAINER
Comments: AT WASHBURN UNIVERSITY

Employed: Lawrence Memorial Hospital **Supervisor:**
City: LAWRENCE **State:** KS **Country:** UNITED STATES
Specialty: AT **From:** 9 / 2022 **To:** 6 / 2023 **Verified:**
Comments: OUTREACH AT LAWRENCE FREE STATE HIGH SCHOOL, THEN PRN ATC

Employed: USD 480 **Supervisor:**
City: LIBERAL **State:** KS **Country:** UNITED STATES
Specialty: ATHLETIC TRAINER **From:** 8 / 2021 **To:** 9 / 2022 **Verified:**
Comments: HIGH SCHOOL

Employed: Guymon Physical Therapy and wellness **Supervisor:**
City: GUYMON **State:** OK **Country:** UNITED STATES
Specialty: AT **From:** 8 / 2020 **To:** 7 / 2021 **Verified:**
Comments: HIGH SCHOOL OUTREACH AT GUYMON HIGH SCHOOL

Employed: GUYMON PT & WELLNESS **Supervisor:**
City: GUYMON **State:** OK **Country:**
Specialty: AT **From:** 8 / 2020 **To:** 8 / 2022 **Verified:**
Comments:

Employed: SELECT PHYSICAL THERAPY **Supervisor:**
City: DES MOINES **State:** IA **Country:**
Specialty: AT **From:** 7 / 2016 **To:** 8 / 2020 **Verified:**
Comments:

Employed: MERCY PEDIATRIC SUBSPECIALTY CLINIC **Supervisor:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1200 AMANDA KATHRYN MARCHINO
 Licensed Athletic Trainer

| | | | | | |
|--|----------------------------|-------------------------------|---------------|------------|--------------|
| City: DES MOINES | State: IA | Country: UNITED STATES | | | |
| Specialty: RECEPTIONIST | From: 7 / 2015 | To: 7 / 2016 | | | |
| Verified: | | | | | |
| Comments: | | | | | |
| <hr/> | | | | | |
| Employed: R&M Rehabilitation | Supervisor: | | | | |
| City: URBANDALE | State: IA | Country: UNITED STATES | | | |
| Specialty: DME GOODS HANDLER/FITTER | From: 4 / 2013 | To: 6 / 2014 | | | |
| Verified: | | | | | |
| Comments: | | | | | |
| <hr/> | | | | | |
| Employed: Physiotherapy Associates/Select Physical Therapy | Supervisor: | | | | |
| City: DES MOINES | State: IA | Country: UNITED STATES | | | |
| Specialty: AT | From: 9 / 2010 | To: 4 / 2013 | | | |
| Verified: | | | | | |
| Comments: CERTIFIED ATHLETIC TRAINER FROM 9/2010-4/2013 AND 07/2016-07/2020 | | | | | |
| <hr/> | | | | | |
| Employed: YMCA OF GREATER DES MOINES | Supervisor: | | | | |
| City: DES MOINES | State: IA | Country: UNITED STATES | | | |
| Specialty: WELLNESS COACH | From: 6 / 2009 | To: 9 / 2010 | | | |
| Verified: | | | | | |
| Comments: | | | | | |
| <hr/> | | | | | |
| Other Licenses | | | | | |
| State | Lic Type and Number | Status | Issued | Exp | Verif |
| KS | AT 24-01581 | A | 8/13/21 | 12/31/23 | 8/25/23 |
| IA | AT 00896 | I | 9/8/10 | 2/28/21 | 8/25/23 |
| OK | AT 1200 | I | 2/19/21 | 8/31/22 | 8/24/23 |
| <hr/> | | | | | |
| <u>DEFICIENCIES</u> | | | | | |
| Extended Background Check | | | | | |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1339 MARIELA YESENIA RICO JIMENEZ

Licensed Athletic Trainer

| PRACTICE HISTORY | | | |
|--|--|--|--|
| Employed: WORK CARE INC City: GUYMON Specialty: AT Comments: 2700 CACTUS DRIVE GUYMON OK 73942 714-732-0764 | Supervisor: PATRICK O'CALLAHAN MD 41569 State: OK Country: UNITED STATES From: 10 /2023 To: / Verified: | | |
| Employed: WORKCARE, INC City: GUYMON Specialty: AT Comments: 2700 CACTUS DR GUYMON OK 73942 714-732-0764 | Supervisor: PATRICK O'CALLAHAN, MD 41569 State: OK Country: UNITED STATES From: 8 /2023 To: / Verified: | | |
| Employed: WorkCare, Inc. City: ANAHEIM Specialty: INDUSTRIAL INJURY PREVENTION SPECIALIST / AT Comments: 8/4/2023:CURRENTLY WORKING HERE(SJ) | Supervisor: State: CA Country: UNITED STATES From: 7 /2023 To: / Verified: | | |
| Employed: AdaptHealth City: 220 W GERMANTOWN Specialty: ATHLETIC TRAINER / ORTHOTIC FITTER Comments: | Supervisor: State: PA Country: UNITED STATES From: 2 /2021 To: 7 /2023 Verified: | | |
| Employed: Fort Scott USD 234 City: FORT SCOTT Specialty: CERTIFIED ATHLETIC TRAINER Comments: | Supervisor: State: KS Country: UNITED STATES From: 5 /2018 To: 1 /2021 Verified: | | |
| Employed: Mercy Hospital Fort Scott City: FORT SCOTT Specialty: CERTIFIED ATHLETIC TRAINER Comments: | Supervisor: State: KS Country: UNITED STATES From: 8 /2016 To: 4 /2018 Verified: | | |
| Employed: OKLAHOMA STATE UNIVERSITY City: STILLWATER Specialty: MATTHEW OBRIEN, AT302 Comments: | Supervisor: State: OK Country: From: 10 /2015 To: 8 /2016 Verified: | | |
| Employed: OKLAHOMA STATE UNIVERSITY City: STILLWATER Specialty: AA Comments: | Supervisor: JENNIFER VOLBERDING, AT684 State: OK Country: From: 10 /2014 To: 8 /2016 Verified: | | |
| Employed: OKLAHOMA STATE UNIVERSITY City: STILLWATER Specialty: AA Comments: | Supervisor: KAZUMA AKEHI, AT 565 State: OK Country: From: 9 /2013 To: 9 /2014 Verified: | | |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1339 MARIELA YESENIA RICO JIMENEZ
 Licensed Athletic Trainer

| Other Licenses | | | | | |
|-----------------------|----------------------------|---------------|---------------|------------|--------------|
| State | Lic Type and Number | Status | Issued | Exp | Verif |
| TX | AT AT8562 | A | 3/4/21 | 3/3/25 | 8/1/23 |
| OK | AA 631 | I | 3/4/14 | 8/31/16 | 8/1/23 |
| KS | AT 24-01137 | I | 8/16/16 | 12/31/21 | 8/1/23 |

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1341 THOMAS JOSEPH BYRNE JR
 Licensed Athletic Trainer

Practice Address:

August 21, 2023
 UNIVERSITY OF TULSA SPORTS MEDICINE
 800 S TUCKER DRIVE

TULSA, OK 74104
 TULSA

UNITED STATES

Status:

Res:
Received: 07/25/2023
Entered: 07/25/2023
Temp Issued: 08/23/2023
Temp Expires: 01/18/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1341
Sex: M
Ethnic Origin: 1

Endorsed By: BOC

Orig Issued:

Orig. Lic. Exp:

| | Test | Score | Date Taken | Date Verified | Attempts |
|------------------------|------|-------|------------|---------------|----------|
| Test 1: | | | | | |
| Test 2: | | | | | |
| Test 3: | | | | | |
| | | | | | |
| Test AV: | | | | | |
| Total Possible: | | | | | |
| Okla Passing: | | | | | |
| Total Score: | | | | | |

| PRE-MED EDUCATION | | | | | |
|--|---------------------|-------------------------------|------------------|--|--|
| <hr/> | | | | | |
| School Name: MARQUETTE UNIVERSITY | State: WI | Country: UNITED STATES | | | |
| City: MILWAUKEE | From: 6/2021 | To: 5/ 2023 | Verified: | | |
| Degree: ATHLETIC TRAINING | | | | | |
| <hr/> | | | | | |
| School Name: MARQUETTE UNIVERSITY | State: WI | Country: UNITED STATES | | | |
| City: MILWAUKEE | From: 8/2018 | To: 5/ 2022 | Verified: | | |
| Degree: EXERCISE PHYSIOLOGY | | | | | |
| <hr/> | | | | | |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1341 THOMAS JOSEPH BYRNE JR
 Licensed Athletic Trainer

| PRACTICE HISTORY | | | |
|--|--|--|--|
| Employed: University of Tulsa Athletics City: TULSA Specialty: INTERN ATHLETIC TRAINER Comments: 8/23/23 - STATES HE BEGAN ASSISTING WITH TREATMENTS UNDER DIRECT SUPERVISION WHEN FALL CAMP BEGAN ON 8/1/23 (KS) | Supervisor: State: OK Country: UNITED STATES From: 8 /2023 To: 8 /2023 Verified: | | |
| Employed: UNIVERSITY OF TULSA SPORTS MEDICINE City: TULSA Specialty: AT Comments: 800 S TUCKER DRIVE TULSA, OK 74104 918-631-3112 | Supervisor: JEFFREY CUNNINGHAM, MD 30836 State: OK Country: UNITED STATES From: 8 /2023 To: / Verified: | | |
| Employed: University of Colorado Athletics City: BOULDER Specialty: FULL IMMERSIVE ATHLETIC TRAINING STUDENT Comments: | Supervisor: State: CO Country: UNITED STATES From: 1 /2023 To: 5 /2023 Verified: | | |
| Employed: Whitefish Bay Highschool City: WHITEFISH BAY Specialty: ATHLETIC TRAINING STUDENT Comments: | Supervisor: State: WI Country: UNITED STATES From: 7 /2022 To: 12 /2022 Verified: | | |
| Employed: Amazon Fulfillment Center City: OAK CREEK Specialty: INJURY PREVENTION SPECIALIST FELLOW Comments: | Supervisor: State: WI Country: UNITED STATES From: 5 /2022 To: 7 /2022 Verified: | | |
| Employed: Marquette University Athletics City: MILWAUKEE Specialty: ATHLETIC TRAINING STUDENT Comments: | Supervisor: State: WI Country: UNITED STATES From: 1 /2022 To: 5 /2022 Verified: | | |
| Employed: Marquette University Athletics City: MILWAUKEE Specialty: ATHLETIC TRAINING STUDENT Comments: | Supervisor: State: WI Country: UNITED STATES From: 7 /2021 To: 12 /2021 Verified: | | |
| Employed: Froedtert Hospital and Wauwatosa Fire Department City: WAUWATOSA Specialty: ATHLETIC TRAINING INTERN, Comments: MAINLY SUPERVISION | Supervisor: State: WI Country: UNITED STATES From: 7 /2021 To: 8 /2021 Verified: | | |
| Employed: Marquette University Campus Ministry City: MILWAUKEE Specialty: RECEPTIONIST Comments: FOR CAMPUS MINISTRY | Supervisor: State: WI Country: UNITED STATES From: 8 /2018 To: 12 /2022 Verified: | | |
| Employed: Chick-fil-A City: ROCKVILLE Specialty: TEAM MEMBER | Supervisor: State: MD Country: UNITED STATES From: 5 /2016 To: 6 /2018 Verified: | | |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

| Type | Number | Name |
|------|--------|------------------------|
| AT | 1341 | THOMAS JOSEPH BYRNE JR |

Licensed Athletic Trainer

Comments: ON REGISTER AND BAGGING FOOD

Other Licenses

| State | Lic Type and Number | Status | Issued | Exp | Verif |
|-------|---------------------|--------|--------|-----|-------|
|-------|---------------------|--------|--------|-----|-------|

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1342 MARIAH LEE EDWARDS
 Licensed Athletic Trainer

Practice Address:

August 08, 2023
 UNIVERSITY OF TULSA ATHLETICS
 800 S TUCKER DR

TULSA, OK 74104
 TULSA

UNITED STATES

Status:
Res:
Received: 07/26/2023
Entered: 07/26/2023
Temp Issued: 08/14/2023
Temp Expires: 03/07/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1342
Sex: F
Ethnic Origin: 1

Endorsed By: BOC
Orig Issued: **Orig. Lic. Exp:**

| | Test | Score | Date Taken | Date Verified | Attempts |
|------------------------|------|-------|------------|---------------|----------|
| Test 1: | | | | | |
| Test 2: | | | | | |
| Test 3: | | | | | |
| Test AV: | | | | | |
| Total Possible: | | | | | |
| Okla Passing: | | | | | |
| Total Score: | | | | | |

| PRE-MED EDUCATION | | | |
|---|--|---------------------|-------------------------------------|
| School Name: MISSOURI STATE UNIVERSITY | | State: MO | Country: UNITED STATES |
| City: SPRINGFIELD | | From: 6/2021 | To: 5/ 2023 Verified: |
| Degree: MASTER OF ATHLETIC TRAINING | | | |
| School Name: MISSOURI STATE UNIVERSITY | | State: MO | Country: UNITED STATES |
| City: SPRINGFIELD | | From: 8/2017 | To: 5/ 2021 Verified: |
| Degree: BACHELORS IN EXERCISE AND MOVEMENT SCIENCE | | | |
| School Name: LEXINGTON HIGH SCHOOL | | State: MO | Country: UNITED STATES |
| City: LEXINGTON | | From: 8/2013 | To: 5/ 2017 Verified: |
| Degree: | | | |

| PRACTICE HISTORY | | | |
|---|--|--|-------------------------------|
| Employed: UNIVERSITY OF TULSA ATHLETICS | | Supervisor: JEFFREY CUNNINGHAM, MD 30836 | |
| City: TULSA | | State: OK | Country: UNITED STATES |
| Specialty: AT | | From: 8 /2023 | To: / Verified: |
| Comments: 800 S TUCKER DR TULSA, OK 74104 918-631-2000 | | | |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

| Type | Number | Name |
|------|--------|--------------------|
| AT | 1342 | MARIAH LEE EDWARDS |

Licensed Athletic Trainer

| Other Licenses | | | | | |
|----------------|---------------------|--------|--------|-----|-------|
| State | Lic Type and Number | Status | Issued | Exp | Verif |
| | | | | | |

| <u>DEFICIENCIES</u> |
|---------------------|
| |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1344 RYLEE L. HOLMAN
 Licensed Athletic Trainer

Practice Address:
 August 24, 2023
 MUSTANG PUBLIC SCHOOLS
 801 S SNYDER DR

 MUSTANG, OK 73064
 CANADIAN

 UNITED STATES

Status:
Res:
Received: 08/02/2023
Entered: 08/02/2023
Temp Issued: 08/28/2023
Temp Expires: 01/18/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1344
Sex: F
Ethnic Origin: 3

Endorsed By: BOC
Orig Issued: **Orig. Lic. Exp:**

| | Test | Score | Date Taken | Date Verified | Attempts |
|------------------------|------|-------|------------|---------------|----------|
| Test 1: | | | | | |
| Test 2: | | | | | |
| Test 3: | | | | | |
| Test AV: | | | | | |
| Total Possible: | | | | | |
| Okla Passing: | | | | | |
| Total Score: | | | | | |

| PRE-MED EDUCATION | | | | | |
|--|--|---------------------|--|-------------------------------------|--|
| School Name: OKLAHOMA STATE UNIVERSITY-CHS | | | | | |
| City: TULSA | | State: OK | | Country: UNITED STATES | |
| Degree: MASTER OF ATHLETIC TRAINING | | From: 6/2021 | | To: 5/ 2023 Verified: | |
| <hr/> | | | | | |
| School Name: OKLAHOMA STATE UNIVERSITY | | | | | |
| City: STILLWATER | | State: OK | | Country: UNITED STATES | |
| Degree: BACHELOR | | From: 8/2017 | | To: 5/ 2021 Verified: | |
| <hr/> | | | | | |
| School Name: BOOKER T. WASHINGTON HIGH SCHOOL | | | | | |
| City: TULSA | | State: OK | | Country: UNITED STATES | |
| Degree: | | From: 8/2013 | | To: 5/ 2017 Verified: | |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1344 RYLEE L. HOLMAN
 Licensed Athletic Trainer

PRACTICE HISTORY

| | |
|--|---|
| Employed: MUSTANG PUBLIC SCHOOLS City: MUSTANG Specialty: AT Comments: 801 S SNYDER DR MUSTANG, OK 73064 405-376-7366 | Supervisor: M. SEAN O'BRIEN, DO 3481 State: OK Country: UNITED STATES From: 8 /2023 To: / Verified: |
|--|---|

| | |
|---|--|
| Employed: Mustang Public Schools City: MUSTANG Specialty: ATHLETIC TRAINER Comments: 8/14/23MT- HIRED NOT PRACTICING | Supervisor: State: OK Country: UNITED STATES From: 7 /2023 To: 8 /2023 Verified: |
|---|--|

| | |
|--|---|
| Employed: OSU-CHS City: TULSA Specialty: AA Comments: | Supervisor: JENNIFER LYNN VOLBERDING, AT684 State: OK Country: From: 8 /2021 To: 5 /2023 Verified: |
|--|---|

| | |
|---|--|
| Employed: Ulta Beauty City: STILLWATER Specialty: MERCHANDISING AND SERVICES COORDINATOR Comments: MERCHANDISING AND SERVICES COORDINATOR IN RETAIL ENVIRONMENT | Supervisor: State: OK Country: UNITED STATES From: 8 /2018 To: 2 /2021 Verified: |
|---|--|

| | |
|---|--|
| Employed: Colvin Recreation Center City: STILLWATER Specialty: FITNESS ASSOCIATE Comments: FOR RECREATION CENTER | Supervisor: State: OK Country: UNITED STATES From: 8 /2017 To: 8 /2018 Verified: |
|---|--|

Other Licenses

| State | Lic Type and Number | Status | Issued | Exp | Verif |
|-------|---------------------|--------|--------|---------|---------|
| OK | AA 806 | A | 9/1/21 | 8/31/23 | 8/11/23 |

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1345 DANIEL FLORES FLORES
 Licensed Athletic Trainer

PRACTICE HISTORY

Employed: OKC THUNDER PROFESSIONAL BASKETBALL CLUB **Supervisor:** JAMES BARRETT, MD 17839
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: AT **From:** 10 /2023 **To:** / **Verified:**
Comments: 10/09/2023MT; TEMP NOT ISSUED, APPLICATION INCOMPLETE
 9600 N OKLAHOMA AVE
 OKLAHOMA CITY, OK
 405-203-3385

Employed: Athletic Healthcare Inc **Supervisor:**
City: LAS VEGAS **State:** NV **Country:** UNITED STATES
Specialty: ASSISTANT ATHLETIC TRAINER **From:** 3 /2023 **To:** 7 /2023 **Verified:**
Comments:

Employed: Arkansas State University **Supervisor:**
City: JONESBORO **State:** AR **Country:** UNITED STATES
Specialty: GRADUATE ASSISTANT ATHLETIC TRAINER **From:** 8 /2021 **To:** 12 /2022 **Verified:**
Comments:

Other Licenses

| State | Lic Type and Number | Status | Issued | Exp | Verif |
|-------|--------------------------|--------|---------|---------|---------|
| AR | Athletic trainer AT970 | I | 7/1/21 | 6/30/23 | 8/21/23 |
| NV | Athletic trainer 0506714 | A | 6/30/22 | 6/30/24 | 8/22/23 |

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1346 AMBER LYNN SONS
 Licensed Athletic Trainer

PRACTICE HISTORY

| | |
|--|---|
| Employed: OKLAHOMA BAPTIST UNIVERSITY | Supervisor: RYAN KYLE ALDRICH, MD24496 |
| City: SHAWNEE | State: OK Country: |
| Specialty: AT | From: 8 / 2023 To: / Verified: |
| Comments: 500 W UNIVERSITY SHAWNEE, OK 74804 405-878-6800 | |

| | |
|---|--|
| Employed: OSU CHS | Supervisor: JENNIFER LYNN VOLBERDING, AT684 |
| City: TULSA | State: OK Country: |
| Specialty: AA | From: 8 / 2021 To: 8 / 2023 Verified: |
| Comments: 9/1/23 - SUPERVISEE'S LICENSE EXPIRED (KB) | |

Other Licenses

| State | Lic Type and Number | Status | Issued | Exp | Verif |
|-------|---------------------|--------|----------|---------|---------|
| OK | AA 813 | A | 10/21/21 | 8/31/23 | 8/23/23 |

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1347 BRYSON CREER

Licensed Athletic Trainer

| PRACTICE HISTORY | | | |
|--|--|--|--|
| Employed: UNIVERSITY OF CENTRAL OKLAHOMA City: EDMOND Specialty: AT Comments: 100 UNIVERSITY DRIVE EDMOND, OK 73034 405-974-2000 | Supervisor: TIMOTHY GEIB, MD 22888 State: OK Country: UNITED STATES From: 9 / 2023 To: / Verified: | | |
| Employed: CUTTING EDGE PHYSICAL THERAPY City: MOORE Specialty: PHYSICAL THERAPIST Comments: 9/5/2023 - CURRENTLY PRACTICING (LKC) | Supervisor: State: OK Country: UNITED STATES From: 8 / 2023 To: / Verified: | | |
| Employed: SOONER HOME HEALTH City: YUKON Specialty: PHYSICAL THERAPIST Comments: 9/5/2023: CURRENTLY PRACTICING (LKC) | Supervisor: State: OK Country: UNITED STATES From: 8 / 2023 To: / Verified: | | |
| Employed: Oklahoma City Thunder City: OKLAHOMA CITY Specialty: HEALTH AND PERFORMANCE INTERN Comments: WORKING AS A HEALTH AND PERFORMANCE INTERN | Supervisor: State: OK Country: UNITED STATES From: 8 / 2022 To: 8 / 2023 Verified: | | |
| Employed: Phoenix Mercury City: PHOENIX Specialty: HEALTH AND PERFORMANCE INTERN Comments: I WORKED AS A HEALTH AND PERFORMANCE INTERN | Supervisor: State: AZ Country: UNITED STATES From: 4 / 2022 To: 8 / 2022 Verified: | | |
| Employed: Dry Creek Physical Therapy City: HIGHLAND Specialty: CONTRACT PHYSICAL THERAPIST Comments: | Supervisor: State: UT Country: UNITED STATES From: 3 / 2022 To: 4 / 2022 Verified: | | |
| Employed: Brigham Young University City: PROVO Specialty: ADJUNCT PROFESSOR Comments: ADJUNCT PROFESSOR IN WEIGHT LIFTING | Supervisor: State: UT Country: UNITED STATES From: 1 / 2022 To: 4 / 2022 Verified: | | |
| Employed: Center for Physical Excellence City: PRESCOTT Specialty: CONTRACT PHYSICAL THERAPIST Comments: WORKING AS A CONTRACT PHYSICAL THERAPIST | Supervisor: State: AZ Country: UNITED STATES From: 6 / 2021 To: 8 / 2021 Verified: | | |
| Employed: STI Physical Therapy City: YUMA Specialty: CONTRACT PHYSICAL THERAPIST Comments: I WORKED AS A CONTRACT PHYSICAL THERAPIST FOR SEVERAL LOCATIONS OF STI PHYSICAL THERAPY | Supervisor: State: AZ Country: UNITED STATES From: 4 / 2021 To: 8 / 2022 Verified: | | |
| Employed: The Club at Prescott Lakes City: PRESCOTT Specialty: FITNESS ATTENDANT Comments: I WORKED AS A FITNESS ATTENDANT | Supervisor: State: AZ Country: UNITED STATES From: 4 / 2020 To: 8 / 2020 Verified: | | |
| Employed: Self-Employed | Supervisor: | | |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1347 BRYSON CREER

Licensed Athletic Trainer

| | | |
|--|-----------------------|-------------------------------------|
| City: PHOENIX | State: AZ | Country: UNITED STATES |
| Specialty: TUTOR | From: 10 /2017 | To: 4 /2020 Verified: |
| Comments: I WORKED AS A TUTOR RUNNING MY OWN BUSINESS. | | |
| <hr/> | | |
| Employed: Foothills Physical Therapy | Supervisor: | |
| City: PRESCOTT VALLEY | State: AZ | Country: UNITED STATES |
| Specialty: PHYSICAL THERAPY TECH | From: 10 /2017 | To: 8 /2018 Verified: |
| Comments: I WORKED AS A PHYSICAL THERAPY TECH | | |
| <hr/> | | |
| Employed: EXOS | Supervisor: | |
| City: CHANDLER | State: AZ | Country: UNITED STATES |
| Specialty: FITNESS SPECIALIST INTERN | From: 6 /2017 | To: 3 /2020 Verified: |
| Comments: I WORKED AS A FITNESS SPECIALIST INTERN AND THEN A SUBSTITUTE. | | |
| <hr/> | | |
| Employed: Revere Health | Supervisor: | |
| City: PROVO | State: UT | Country: UNITED STATES |
| Specialty: PHYSICAL THERAPY TECH | From: 1 /2016 | To: 6 /2017 Verified: |
| Comments: I WORKED AS A PHYSICAL THERAPY TECH | | |
| <hr/> | | |
| Employed: Brigham Young University | Supervisor: | |
| City: PROVO | State: UT | Country: UNITED STATES |
| Specialty: VOLUNTEER | From: 8 /2015 | To: 5 /2016 Verified: |
| Comments: I VOLUNTEERED AS A RESEARCH ASSISTANT IN A BIOMECHANICS LAB. | | |
| <hr/> | | |
| Employed: Stonehenge Physical Therapy | Supervisor: | |
| City: SPRINGVILLE | State: UT | Country: UNITED STATES |
| Specialty: PHYSICAL THERAPY TECH | From: 8 /2015 | To: 6 /2017 Verified: |
| Comments: I WORKED AS A PHYSICAL THERAPY TECH | | |
| <hr/> | | |
| Employed: Brigham Young University Basketball | Supervisor: | |
| City: PROVO | State: UT | Country: UNITED STATES |
| Specialty: BASKETBALL CAMP COACH AND COUNSELOR | From: 6 /2015 | To: 8 /2015 Verified: |
| Comments: I WORKED AS A BASKETBALL CAMP COACH AND COUNSELOR FOR SUMMER CAMPS | | |
| <hr/> | | |
| Employed: Diamond Ranch Academy | Supervisor: | |
| City: HURRICANE | State: UT | Country: UNITED STATES |
| Specialty: ATHLETIC COUNSELOR | From: 3 /2015 | To: 5 /2015 Verified: |
| Comments: I WORKED AS AN ATHLETIC COUNSELOR FOR TROUBLED YOUTH. | | |
| <hr/> | | |
| Employed: CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS. | Supervisor: | |
| City: RESISTENCIA | State: | Country: ARGENTINA |
| Specialty: Volunteer | From: 2 /2013 | To: 2 /2015 Verified: |
| Comments: VOLUNTEER MISSIONARY FOR THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS. | | |

Other Licenses

| State | Lic Type and Number | Status | Issued | Exp | Verif |
|-------|----------------------------|--------|---------|---------|---------|
| AZ | Physical Therapy LPT-31698 | A | 3/23/21 | 8/31/24 | 8/28/23 |
| OK | PT COMPACT 114865 | A | 8/23/22 | 8/31/24 | 8/29/23 |
| UT | PT COMPACT CP007986T | I | 9/1/21 | 8/31/22 | 9/7/23 |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

| Type | Number | Name |
|------|--------|--------------|
| AT | 1347 | BRYSON CREER |

Licensed Athletic Trainer

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1348 ALBERT CHARLES LINDON III

Licensed Athletic Trainer

PRACTICE HISTORY

| | |
|--|---|
| Employed: OSOI/SSM City: OKLAHOMA CITY Specialty: AT Comments: 13401 N WESTERN AVENUE #301 OKLAHOMA CITY, OK 73184 405-218-2530 | Supervisor: TIMOTHY GEIB, MD 22888 State: OK Country: UNITED STATES From: 9 /2023 To: / Verified: |
|--|---|

| | |
|---|--|
| Employed: NONE City: PENSACOLA Specialty: UNEMPLOYED Comments: | Supervisor: State: FL Country: UNITED STATES From: 7 /2023 To: 9 /2023 Verified: |
|---|--|

| | |
|--|--|
| Employed: Baptist Healthcare City: PENSACOLA Specialty: HEAD ATHLETIC TRAINER Comments: HEAD ATHLETIC TRAINER AT THE UNIVERSITY OF WEST FLORIDA | Supervisor: State: FL Country: UNITED STATES From: 4 /2023 To: 6 /2023 Verified: |
|--|--|

| | |
|---|--|
| Employed: Tulane University City: NEW ORLEANS Specialty: ASSISTANT ATHLETIC DIRECTOR Comments: FOR SPORTS MEDICINE | Supervisor: State: LA Country: UNITED STATES From: 9 /2013 To: 3 /2023 Verified: |
|---|--|

| | |
|---|--|
| Employed: Rhodes College City: MEMPHIS Specialty: ASSISTANT ATHLETIC TRAINER Comments: | Supervisor: State: TN Country: UNITED STATES From: 9 /2012 To: 9 /2013 Verified: |
|---|--|

| | |
|---|--|
| Employed: University of Memphis City: MEMPHIS Specialty: INTERN ATHLETIC TRAINER Comments: | Supervisor: State: TN Country: UNITED STATES From: 9 /2009 To: 6 /2012 Verified: |
|---|--|

Other Licenses

| State | Lic Type and Number | Status | Issued | Exp | Verif |
|-------|---------------------|--------|---------|---------|---------|
| LA | AT ATH.200425 | A | 9/25/14 | 6/30/24 | 8/30/23 |
| FL | AT AL6887 | A | 3/20/23 | 9/30/24 | 8/30/23 |
| TN | AT 1456 | I | 5/17/11 | 4/30/14 | 8/30/23 |

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1349 JORDAN ASHLEY BERRY
 Licensed Athletic Trainer

Practice Address:
 September 15, 2023
 ORTHOPEDIC & SPORTS MEDICINE CENTER
 825 E ROBINSON ST

 NORMAN, OK 73071
 CLEVELAND

Status:
Res:
Received: 08/30/2023
Entered: 08/30/2023
Temp Issued: 09/18/2023
Temp Expires: 01/18/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1349
Sex: F
Ethnic Origin: 1

Endorsed By: BOC
Orig Issued: **Orig. Lic. Exp:**

| | Test | Score | Date Taken | Date Verified | Attempts |
|------------------------|------|-------|------------|---------------|----------|
| Test 1: | | | | | |
| Test 2: | | | | | |
| Test 3: | | | | | |
| Test AV: | | | | | |
| Total Possible: | | | | | |
| Okla Passing: | | | | | |
| Total Score: | | | | | |

| PRE-MED EDUCATION | | | | | |
|--|--|---------------------|--|-------------------------------------|--|
| School Name: THE UNIVERSITY OF CENTRAL OKLAHOMA | | | | | |
| City: EDMOND | | State: OK | | Country: UNITED STATES | |
| Degree: ATHLETIC TRAINING | | From: 7/2021 | | To: 5/ 2023 Verified: | |
| <hr/> | | | | | |
| School Name: OKLAHOMA CITY COMMUNITY COLLEGE | | | | | |
| City: OKLAHOMA CITY | | State: OK | | Country: UNITED STATES | |
| Degree: | | From: 6/2017 | | To: 5/ 2021 Verified: | |
| <hr/> | | | | | |
| School Name: THE UNIVERSITY OF OKLAHOMA | | | | | |
| City: NORMAN | | State: OK | | Country: UNITED STATES | |
| Degree: HEALTH AND EXERCISE SCIENCE | | From: 8/2016 | | To: 5/ 2021 Verified: | |
| <hr/> | | | | | |
| School Name: REDLANDS COMMUNITY COLLEGE | | | | | |
| City: EL RENO | | State: OK | | Country: UNITED STATES | |
| Degree: | | From: 8/2015 | | To: 5/ 2016 Verified: | |
| <hr/> | | | | | |
| School Name: MUSTANG HIGH SCHOOL | | | | | |
| City: MUSTANG | | State: OK | | Country: UNITED STATES | |
| Degree: HIGH SCHOOL DIPLOMA | | From: 8/2012 | | To: 5/ 2016 Verified: | |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1349 JORDAN ASHLEY BERRY
 Licensed Athletic Trainer

| PRACTICE HISTORY | | | | | |
|---|--|--|--|--|--|
| Employed: ORTHOPEDIC & SPORTS MEDICINE CENTER City: NORMAN Specialty: AT Comments: 825 E ROBINSON ST NORMAN, OK 73071 405-364-7900 | Supervisor: VYTAUTAS MATAS RINGUS, MD27975 State: OK Country: From: 9 / 2023 To: / Verified: | | | | |
| Employed: NONE City: MUSTANG Specialty: UNEMPLOYED Comments: | Supervisor: State: OK Country: UNITED STATES From: 5 / 2023 To: 9 / 2023 Verified: | | | | |
| Employed: UCO City: EDMOND Specialty: AA Comments: | Supervisor: State: OK Country: UNITED STATES From: 7 / 2021 To: 5 / 2023 Verified: | | | | |
| Employed: The University of Oklahoma Athletics Department City: NORMAN Specialty: STUDENT ASSISTANT Comments: | Supervisor: State: OK Country: UNITED STATES From: 8 / 2016 To: 5 / 2021 Verified: | | | | |

| Other Licenses | | | | | |
|-----------------------|---------------------|--------|--------|---------|---------|
| State | Lic Type and Number | Status | Issued | Exp | Verif |
| OK | AA 820 | I | 9/1/21 | 8/31/23 | 9/15/23 |

| <u>DEFICIENCIES</u> |
|---------------------|
| |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1351 KYRA SHAW

Licensed Athletic Trainer

Practice Address:

September 26, 2023

OKLAHOMA CITY THUNDER PROFESSIONAL BASKE
9600 N OKLAHOMA AVE

OKLAHOMA CITY, OK 73114
OKLAHOMA

Status:

Res:
Received: 09/26/2023
Entered: 09/26/2023
Temp Issued: 10/18/2023
Temp Expires: 01/18/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1351
Sex: F
Ethnic Origin: 2

Endorsed By: NATABOC

Orig Issued:

Orig. Lic. Exp:

| | Test | Score | Date Taken | Date Verified | Attempts |
|------------------------|------|-------|------------|---------------|----------|
| Test 1: | | | | | |
| Test 2: | | | | | |
| Test 3: | | | | | |
| Test AV: | | | | | |
| Total Possible: | | | | | |
| Okla Passing: | | | | | |
| Total Score: | | | | | |

| PRE-MED EDUCATION | | | | | |
|--|--|---------------------|--|--------------------------------------|--|
| School Name: HOWARD UNIVERSITY | | | | | |
| City: WASHINGTON | | State: DC | | Country: UNITED STATES | |
| Degree: DOCTOR OF PHYSICAL THERAPY | | From: 5/2021 | | To: 12/ 2023 Verified: | |
| <hr/> | | | | | |
| School Name: FLORIDA STATE UNIVERSITY | | | | | |
| City: TALLAHASSEE | | State: FL | | Country: UNITED STATES | |
| Degree: MASTERS OF SCIENCE SPORT MANAGEMENT | | From: 8/2016 | | To: 5/ 2018 Verified: | |
| <hr/> | | | | | |
| School Name: UNIVERSITY OF MIMAI | | | | | |
| City: MIAMI | | State: FL | | Country: UNITED STATES | |
| Degree: BACHELORS OF SCIENCE IN ATHLETIC TRAINING | | From: 8/2012 | | To: 5/ 2016 Verified: | |

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1351 KYRA SHAW

Licensed Athletic Trainer

| PRACTICE HISTORY | | | | | |
|---|--|--|--|--|--|
| Employed: OKLAHOMA CITY THUNDER PROFESSIONAL BASKETBALL CLUB City: OKLAHOMA CITY Specialty: AT Comments: 9600 N OKLAHOMA AVE OKC, OK 73114 405-203-3385 | Supervisor: JAMES BARRETT, MD17839 State: OK Country: From: 10 /2023 To: / Verified: | | | | |
| Employed: Duncanville ISD City: DUNANVILLE Specialty: ASSISTANT ATHLETIC TRAINER Comments: | Supervisor: State: TX Country: UNITED STATES From: 8 /2018 To: 8 /2021 Verified: | | | | |

| Other Licenses | | | | | |
|-----------------------|--------------------------|--------|---------|---------|----------|
| State | Lic Type and Number | Status | Issued | Exp | Verif |
| TX | Athletic Training AT7613 | I | 7/11/18 | 7/10/22 | 10/10/23 |

| <u>DEFICIENCIES</u> |
|----------------------------|
| |

Amended: November 1, 2019

**STATE OF OKLAHOMA
ATHLETIC TRAINERS ACT
Title 59 O.S., Sections 525 - 535**

INDEX

- 525 Short Title
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- 533 Violation of Act - penalty
- 534 Persons actively engaged as Athletic Trainer - application of Act
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525. Short Title

This act shall be known and may be cited as the "Oklahoma Athletic Trainers Act".

Laws 1981, c. 150, § 1, operative July 1, 1981.

526. Definitions

As used in the Oklahoma Athletic Trainers Act:

1. "Athletic trainer" means a person with the qualifications specified in Section 530 of this title, whose major responsibility is the rendering of professional services for the prevention, emergency care, first aid and treatment of injuries incurred by an athlete by whatever methods are available, upon written protocol from the team physician or consulting physician to effect care, or rehabilitation;

2. "Apprentice athletic trainer" means a person who assists in the duties usually performed by an athletic trainer under the direct supervision of a licensed athletic trainer;

3. "Board" means the State Board of Medical Licensure and Supervision, and;

4. "Committee" means the Athletic Trainers Advisory Committee.

Added by Laws 1981, c. 150, § 2, operative July 1, 1981. Amended by Laws 1987, c. 118, § 37, operative July 1, 1987; Laws 1996, c. 201, § 1, eff. July 1, 1996.

527. License required

No person shall hold himself or herself out as an athletic trainer without first being licensed under the provisions of this act.

Laws 1981, c. 150, § 3, operative July 1, 1981.

528. Board - Powers and duties

The Board, acting upon the advice of the Committee, shall issue all licenses required by this act, and shall exercise the following powers and duties:

1. To make rules and regulations deemed necessary to implement the provisions of this act;
2. To prescribe application forms for license applicants, license certificate forms and such other forms as necessary to implement the provisions of this act;
3. To establish guidelines for athletic trainers in this state;
4. To prepare and conduct an examination for applicants for licensure under this act;
5. To keep a complete record of all licensed athletic trainers and to prepare an official listing of the names and addresses of all licensed athletic trainers which shall be kept current. A copy of such listing shall be available to any person requesting it upon payment of a copying fee established by the Board;
6. To keep a permanent record of all proceedings under this act;
7. To employ and establish the duties of clerical personnel necessary to carry out the

provisions of this act; and

8. To conduct hearings to deny, revoke, suspend or refuse renewal of licenses under this act, and to issue subpoenas to compel witnesses to testify or produce evidence at such hearings in accordance with the Administrative Procedures Act.

Laws 1981, c. 150, § 4, operative July 1, 1981.

529. Athletic Trainers Advisory Committee

There is hereby created the Athletic Trainers Advisory Committee, to be composed of five (5) members to be appointed by the State Board of Medical Licensure and Supervision. To qualify as a member, a person must be a citizen of the United States and a resident of Oklahoma for five (5) years immediately preceding appointment. Two members shall be licensed athletic trainers, except for the initial appointees and two members shall be physicians licensed by the state and one member shall be a member of the Oklahoma Coaches Association who shall be selected by the Board of the Association. Except for the initial appointees, members shall hold office for terms of six (6) years. In the event of death, resignation or removal of any member, the vacancy of the unexpired term shall be filled by the Board in the same manner as other appointments. The Athletic Trainers Advisory Committee shall assist the Board in conducting examinations for applicants and shall advise the Board on all matters pertaining to the licensure of athletic trainers. Members of the Committee shall be reimbursed for expenses incurred while performing their duties under the provisions of this act in accordance with the State Travel Reimbursement Act.

Laws 1981, c. 150, § 5, operative July 1, 1981. Laws 1987, c. 118, § 38, operative July 1, 1987.

530. Qualifications of applicants - Applications - Examination fee - Apprentice athletic trainers license

A. An applicant to be eligible for an athletic trainer license must meet one of the following qualifications:

1. Has successfully completed the athletic training curriculum requirements of an accredited college or university approved by the Board and provide proof of graduation;
2. Be licensed or certified in physical therapy and has spent at least eight hundred (800) hours working under the direct supervision of a licensed athletic trainer; or
3. Holds a four-year degree from an accredited college or university and has completed at least two (2) consecutive years of supervision, military duty excepted, as an apprentice athletic trainer under the direct supervision of a licensed athletic trainer.

B. An applicant for an athletic trainer license shall submit an application to the Board and submit the required examination fee. The applicant is entitled to an athletic trainer license if he is qualified as provided in subsection A of this section, satisfactorily completes the examination administered by the Board, pays the applicable license fee, and has not committed an act which constitutes ground for denial of a license under Section 8 of this act.

C. An applicant for an apprentice athletic trainer license must submit an application to the

Board accompanied by a written commitment to supervise signed by the licensed athletic trainer who will be supervising the applicant. The Board may require the taking of an apprentice athletic trainer license examination, which would be administered without cost to the applicant. Fees for such examination may be established by the Board.

Laws 1981, c. 150, § 6, operative July 1, 1981.

531. Expiration of license - Renewal - License fees

A. A license issued pursuant to this act expires one (1) year from the date of issuance. Licenses shall be renewed according to procedures established by the Board and upon payment of the renewal fee.

B. License fees shall be established by the Board:

1. An athletic trainer examination fee of Twenty Dollars (\$20.00) for each examination taken;
2. An athletic trainer license fee of Twenty-five Dollars (\$25.00);
3. An athletic trainer annual license renewal fee of Ten Dollars (\$10.00)
4. An apprentice athletic trainer license fee of Five Dollars (\$5.00).

Laws 1981, c. 150, § 7, operative July 1, 1981.

532. Denial, suspension or revocation of license

A. The State Board of Medical Licensure and Supervision may refuse to issue a license to an applicant or may suspend or revoke the license of any athletic trainer or apprentice if he or she has:

1. Been convicted of a felony crime that substantially relates to the occupation of athletic trainers and poses a reasonable threat to the public safety;
2. Secured the license by fraud or deceit; or
3. Violated or conspired to violate the provisions of the Oklahoma Athletic Trainers Act or rules and regulations issued pursuant to this act.

B. Procedures for denial, suspension or revocation of a license shall be governed by the Administrative Procedures Act.

C. As used in this section:

1. "Substantially relates" means the nature of criminal conduct for which the person was convicted has a direct bearing on the fitness or ability to perform one or more of the duties or responsibilities necessarily related to the occupation; and
2. "Poses a reasonable threat" means the nature of criminal conduct for which the person was convicted involved an act or threat of harm against another and has a bearing on the fitness or ability to serve the public or work with others in the occupation.

Laws 1981, c. 150, § 8, operative July 1, 1981.

533. Violation of act - Penalty

Violation of any provision of this act shall be a misdemeanor and conviction shall be punishable by a fine of not less than Twenty-five Dollars (\$25.00) nor more than Two Hundred Dollars (\$200.00).

Laws 1981, c. 150, § 9, operative July 1, 1981.

534. Persons actively engaged as athletic trainer - Application of act

A. Any person actively engaged as an athletic trainer in this state on the effective date of this act shall, within six (6) months of that date, be issued a license if proof is submitted of five (5) years' experience as an athletic trainer within the preceding ten-year period, and the license fee required by the Oklahoma Athletic Trainers Act is paid. Nothing herein shall be construed to require any educational institution or other bona fide athletic organization to use the services of a licensed athletic trainer.

B. Athletic trainers shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.

C. Any person, as authorized in accordance with Section 5 of Title 76 of the Oklahoma Statutes, may offer prevention, emergency care or first aid services on a voluntary, uncompensated basis, to any amateur or group at an amateur athletic event.

Added by Laws 1981, c. 150, § 10, operative July 1, 1981. Amended by Laws 1996, c. 201, § 2, eff. July 1, 1996.

535. Practice of medicine unauthorized - Exemptions from act

A. Nothing herein shall be construed to authorize the practice of medicine by any person. The provisions of this act do not apply to physicians licensed as such by the State Board of Medical Licensure and Supervision; to dentists, duly-qualified and registered under the laws of this state who confine their practice strictly to dentistry; nor to licensed optometrists who confine their practice strictly to optometry as defined by law; nor to licensed chiropractors who confine their practice strictly to chiropractic as defined by law; nor to licensed osteopathic physicians or osteopathic physicians and surgeons who confine their practice strictly to osteopathy as defined by law; nor to occupational therapists who confine their practice to occupational therapy; nor to nurses who practice nursing only; nor to duly-licensed chiropodists or podiatrists who confine their practice strictly to chiropody or podiatry as defined by law; nor to physical therapists who confine their practice to physical therapy; nor to masseurs or masseuses in their particular sphere of labor; nor to commissioned or contract physicians or physical therapists or physical therapists' assistants in the United States Army, Navy, Air Force, Public Health and Marine Health Service.

B. The provisions of this act shall not apply to persons coming into this state for a specific athletic event or series of athletic events with an individual or group not based in this state.

Laws 1981, c. 150, § 11, operative July 1, 1981; Laws 1987, c. 118, § 39, operative July 1, 1987; Laws 1995, c. 207, § 3, eff. Nov. 1, 1995.

Effective: September 11, 2020

***OKLAHOMA ADMINISTRATIVE CODE
TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
CHAPTER 25. ATHLETIC TRAINERS AND APPRENTICES**

SUBCHAPTER

1. General Provisions
3. Licensure of Athletic Trainers
5. Regulations of Athletic Trainer Practice
7. Licensure of Apprentice Athletic Trainers
9. Advisory Committee
11. Disciplinary Action

*This is an unofficial copy of Chapter 25 of Title 435 of the Oklahoma Administrative Code.
Official copies may be obtained from the Office of Administrative Rules.

CHAPTER 25. ATHLETIC TRAINERS AND APPRENTICES

| Subchapter | Section |
|---|-------------|
| 1. General Provisions..... | 435:25-1-1 |
| 3. Licensure of Athletic Trainers..... | 435:25-3-1 |
| 5. Regulation of Athletic Trainer Practice..... | 435:25-5-1 |
| 7. Licensure of Apprentice Athletic Trainers..... | 435:25-7-1 |
| 9. Advisory Committee..... | 435:25-9-1 |
| 11. Disciplinary Action..... | 435:25-11-1 |

[**Authority:** Title 59 O.S., Section 528]

[**Source:** Codified 12-30-91]

SUBCHAPTER 1. GENERAL PROVISIONS

Section

435:25-1-1. Purpose

435:25-1-1. Purpose

The rules in this chapter provide general requirements for applicants as athletic trainers/apprentice athletic trainers and regulation of practice.

435:25-1-2. Definitions

435:25-1-2. Definitions

The following words and terms, when used in this Chapter, shall have the following meaning unless the context clearly indicates otherwise:

"Apprentice Athletic Trainer" means a person who is putting in clock hours toward becoming a licensed Athletic Trainer.

"Athlete" means a person who engages in physical activity or is physically active.

"Direct supervision" means on-site, personal supervision. The supervisor will delineate specific tasks and duties to be performed. Supervisee will not perform duties or tasks for which he/she is not trained.

"General supervision" means responsible supervision and control. The supervisor is regularly and routinely on site to provide supervision. When not on site, the supervisor is available physically or through direct telecommunication for consultation.

"National Athletic Trainers' Association Board of Certification, Inc., or its successor organization" means, herein referred to as "BOC", the national certifying body for the profession of Athletic Training.

"Physical activity" means activity that consists of athletic, recreational or occupational activities that require physical skills and utilize strength, power, endurance, speed, flexibility, range of motion or agility.

"Physically active" means individuals that engage in athletic, recreational or occupational activities that require physical skills and utilize strength, power, endurance, speed, flexibility, range of motion or agility.

"Poses a reasonable threat" means the nature of criminal conduct for which the person was convicted involved an act or threat of harm against another and has a bearing on the fitness or

ability to serve the public or work with others in the occupation.

"Substantially relates" means the nature of criminal conduct for which the person was convicted has a direct bearing on the fitness or ability to perform one or more of the duties or responsibilities necessarily related to the occupation

SUBCHAPTER 3. LICENSURE OF ATHLETIC TRAINERS

Section

435:25-3-1. Licensure by examination

435:25-3-2. Licensure by endorsement

435:25-3-3. Duplicate licenses

435:25-3-1. Licensure by examination

435:25-3-1. Licensure by examination

Requirements for Athletic Trainer licensure by examination are as follows:

- (1) **Statutory requirements.** All applicants for licensure by examination must meet the statutory requirements set forth in the Oklahoma Athletic Trainers Act, hereinafter referred to as Act.
- (2) **Required examination.** The State Board of Medical Licensure and Supervision, hereinafter referred to as Board, recognizes and adopts the Certification Examination of BOC as the examination required for licensure of an Athletic Trainer.
- (3) **Proof of Certification.** Submission of documentation of certification as awarded by the BOC shall constitute satisfactory evidence of an applicant's educational qualifications for licensure. Applicants must have the documentation submitted to this Board through the Interstate Reporting Service.
- (4) **Team or consulting physician application and written protocol.** An Athletic Trainer's License shall only be issued by the Board upon application filed by both the Athletic Trainer-applicants and the team physician or consulting physician with a written protocol approved by said physician.

435:25-3-2. Licensure by endorsement

Requirements for Athletic Trainer licensure by endorsement are as follows:

- (1) **Statutory requirements.** Applicants for licensure by endorsement must meet all statutory requirements required of applicants for licensure by examination, as set forth in the Act.
- (2) **Examination standard; personal interview.** Any person who is currently licensed by examination as an athletic trainer in another state of the United States of America, the District of Columbia or Puerto Rico, is eligible for licensure by endorsement provided the written examination and grade standard were that of the BOC. Scores must be submitted through the Interstate Reporting Service or other recognized reporting service. If the applicant has not been employed as an athletic trainer during the year prior to application, such applicant may be requested to present herself/himself for a personal interview with the members of the Advisory Committee or the Board.
- (3) **Fees.** The application shall be accompanied by a fee as set in 435:1-1-7.

435:25-3-3. Duplicate licenses

Upon presentation of an affidavit and satisfactory proof that an Athletic Trainer's license has been lost, stolen or destroyed, the Secretary of the Board may issue a duplicate license upon the instruction of the Board. Such license shall carry the notation that it is a duplicate to replace the original license. A fee set by the Board will be collected.

SUBCHAPTER 5. REGULATION OF ATHLETIC TRAINER PRACTICE

Section

435:25-5-1. Supervision

435:25-5-2. Initial licensure; renewal; reinstatement

435:25-5-3. Renewal fee

435:25-5-4. Documentation and use of drugs in practice

435:25-5-5. Disclosure of examination contents by licensee prohibited [REVOKED]

435:25-5-6. Code of ethics

435:25-5-1. Supervision

The work of the Athletic Trainer shall be done under the supervision of the team physician or consulting physician, although the physician need not be physically present at each activity of the athletic trainer nor be specifically consulted before each delegated task performed.

435:25-5-2. Initial licensure; renewal; reinstatement

(a) Initial licensure of an Athletic Trainer shall be for one year, shall be renewed annually, and shall require documentation of current good standing with the BOC.

(b) Athletic Trainers with licenses lapsed twelve months or less wishing to apply for reinstatement of licensure will be required to file an application on forms provided by the Board.

Athletic Trainers may be required to meet one or more of the following guidelines:

- (1) Personal appearance before the Advisory Committee;
- (2) Practice under the direct supervision of a licensed Athletic Trainer and/or licensed physician for up to ninety (90) days. The supervising Athletic Trainer and/or supervising Physician will provide to the Committee a report on the applicant's performance prior to licensure; or
- (3) Provide proof of current BOC certification.

(c) Athletic Trainers with licenses lapsed more than twelve months wishing to re-enter the practice of Athletic Trainer will be required to file a new application on forms provided by the Board. Athletic Trainers may be required to meet one or more of the following guidelines:

- (1) Personal appearance before the Advisory Committee;
- (2) Practice under the direct supervision of a licensed Athletic Trainer and/or licensed Physician for one month (at least 22 days) for each year the license was lapsed. The supervising Athletic Trainer and/or supervising Physician will provide to the Committee a report on the applicant's performance prior to licensure;
- (3) Provide proof of up to 25 continuing education units for each year the license was lapsed;
- (4) Provide proof of current good standing with the BOC; or
- (5) Retake and pass the-BOC examination or a Committee-determined equivalent thereof.

435:25-5-3. Renewal fee

The Athletic Trainer licensure renewal fee shall be as set in 435:1-1-7.

435:25-5-4. Documentation and use of drugs in practice

- (a) The athletic trainer under the supervision of a physician, shall document the specific condition/injury of the athlete being treated and indicate the non-drug treatment regimen being proposed; and,
- (b) If drugs are being considered, the athletic trainer shall not prescribe, but may administer or dispense onsite, any legend drug or scheduled drug excluding Schedule II and opiates, benzodiazepines or Carisporodol to be noted and signed by the supervising physician within 72 hours; and,
- (c) The athlete shall be directed/documentated to make contact with the supervising physician or with their personal physician for follow up care.

435:25-5-5. Disclosure of examination contents by licensee prohibited [REVOKED]

435:25-5-6. Code of ethics

- (a) **Rights, welfare and dignity.** Licensees shall respect the rights, welfare and dignity of all individuals.
 - (1) Licensees shall not practice discrimination on the basis of race, creed, national origin, sex, age, handicap, disease entity, social status, financial status or religious affiliation.
 - (2) Licensees shall be committed to providing competent care consistent with both the requirements and the limitations of their profession.
 - (3) Licensees shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care unless the person consents to such release or release is permitted or required by law.
- (b) **Compliance with laws and regulations.** Licensees shall comply with the laws and regulations governing the practice of athletic training.
 - (1) Licensees shall comply with applicable local, state, and federal laws and institutional guidelines.
 - (2) Licensees shall not engage in the use of illegal drugs or other substances that impairs the ability to practice.
- (c) **Sound judgment.** Licensees shall accept responsibility for the exercise of sound judgment.
 - (1) Licensees shall not misrepresent in any manner, directly or indirectly, their skills, training, professional credentials, identity or services.
 - (2) Licensees shall provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process.
 - (3) Licensees shall provide services, make referrals, and seek compensation only for those services that are necessary.
- (d) **High Standards.** Licensees shall maintain and promote high standards in the provision of services.
 - (1) Licensees shall recognize the need for continuing education and participate in various types of educational activities that enhance their skills and knowledge.
 - (2) Licensees who have the responsibility for employing and evaluating the performance of other staff members shall fulfill such responsibility in a fair, considerate, and equitable manner, on the basis of clearly enunciated criteria.
- (e) **Conflict of interest.** Licensees shall not engage in any form of conduct that constitutes a

conflict of interest or that adversely reflects on the profession.

- (1) The private conduct of the licensee is a personal matter to the same degree as is any other person's except when such conduct compromises the fulfillment of professional responsibilities.
- (2) Licensees shall not place financial gain above the welfare of the patient being treated and shall not participate in any arrangement that exploits the patient.

[Source: Add at 13 Ok Reg 1709, eff 5-25-96]

SUBCHAPTER 7. LICENSURE OF APPRENTICE ATHLETIC TRAINERS

Section

- 435:25-7-1. Definitions [REVOKED]
- 435:25-7-2. Supervision
- 435:25-7-3. Examination
- 435:25-7-4. Licensure fee
- 435:25-7-5. Renewal fee
- 435:25-7-6. Duplicate licenses

435:25-7-1. Definitions [REVOKED]

435:25-7-2. Supervision

An Apprentice Athletic Trainer is a person who assists in the duties usually performed by an athletic trainer under the direct supervision of a licensed athletic trainer.

435:25-7-3. Examination

The Board hereby waives any examination for licensure as an apprentice athletic trainer.

435:25-7-4. Licensure fee

The fee for licensure as an apprentice athletic trainer upon initial application shall be as set in 435:1-1-7.

435:25-7-5. Renewal fee

The annual renewal fee for licensure as an apprentice athletic trainer shall be as set in 435:1-1-7.

435:25-7-6. Duplicate licenses

Upon presentation of an affidavit and satisfactory proof that an Athletic Trainer's license has been lost, stolen or destroyed, the Secretary of the Board may issue a duplicate license upon the instruction of the Board. Such license shall carry the notation that it is a duplicate to replace the original license. A fee of 15.00 shall be collected.

SUBCHAPTER 9. ADVISORY COMMITTEE

Section

- 435:25-9-1. Review of applications

435:25-9-2. Review of complaints

435:25-9-3. Compliance with Administrative Procedures Act

435:25-9-1. Review of applications

The Athletic Trainers Advisory Committee hereinafter referred to as Advisory Committee, will review all applications by individuals for licensure and submit recommendations to the Board for action.

435:25-9-2. Review of complaints

The Advisory Committee will review all complaints and/or investigations wherein there is a possible violation of the Act or the rules of the Board promulgated pursuant thereto and make recommendations to the Board for action.

435:25-9-3. Compliance with Administrative Procedures Act

The Advisory Committee shall follow all provisions of the Administrative Procedures act in conducting all official duties, including investigative hearings, licensure of applicants, etc.

SUBCHAPTER 11. DISCIPLINARY ACTION

Section

435:25-11-1. Grounds for disciplinary action

435:25-11-2. Investigatory hearings [REVOKED]

435:25-11-1. Grounds for disciplinary action

The Board may reprimand or place on probation any holder of an Athletic Trainers License or Apprentice Athletic Trainers License or revoke or suspend any license issued to an Athletic Trainer or Apprentice Athletic Trainer who:

- (1) Has been convicted of a felony crime that substantially relates to the occupation of athletic trainers or poses a reasonable threat to the public safety or a misdemeanor involving moral turpitude;
- (2) Habitually uses intoxicating liquor or a habit-forming drug;
- (3) Secured the license by fraud or deceit;
- (4) Has been grossly negligent while in the practice as an athletic trainer or apprentice athletic trainer;
- (5) Has failed to timely make application for renewal;
- (6) Has conducted herself/himself in a manner considered improper by recognized acceptable standards of moral and ethical conduct;
- (7) Violated or conspired to violate the provisions of this Act or Rules and Regulations issued pursuant to the Act.
- (8) Aides or abets, directly or indirectly, the practice of Athletic Training by any person not duly authorized under the Laws of Oklahoma.

[Source: Amended at 16 Ok Reg 1331, eff 4-2-99 (emergency); Amended at 17 Ok Reg 1358, eff 5-11-00]

435:25-11-2. Investigatory hearings [REVOKED]

