

Minutes

The Athletic Trainers Advisory Committee of the Board of Medical Licensure and Supervision met on July 31, 2024, in accordance with the Open Meeting Act. Advance notice of this regular meeting was transmitted to the Oklahoma Secretary of State on December 1, 2023. The notice and agenda were posted on the agency's website on July 16, 2024, at 11:04 a.m. in accordance with 25 O.S. § 311(A)(9).

Members Present:

Robert Fulton, AT, Chair
Keith Chlouber, AT
Barry L. Northcutt, MD
Megan Meier, MD
Sydney Ringer, AT

Others Present:

Sandra Harrison, JD, Interim Executive Director
Barbara J. Smith, Executive Secretary
Lisa Cullen, Director of Licensing
Valeska Barr, Assistant Director of Licensing

Having noted a quorum, Mr. Fulton called the meeting to order at 9:00 a.m.

Following Committee review, Mr. Chlouber moved to approve the minutes of January 10, 2024, as written. Dr. Northcutt seconded the motion and the vote was unanimous in the affirmative.

AMBER KNAPP appeared virtually in support of her application for Athletic Trainer licensure. Her license lapsed August of 2013 and she has not practiced since 2010. She has worked as a personal trainer and physical therapy tech, as well as employment in academia full-time since that time. She retook the Board of Certification exam in October of 2024 and has an opportunity to teach at the master's level in the Athletic Trainers Program at University of Central Oklahoma for which she needs licensure. Following review and discussion, Mr. Chlouber moved to recommend approval of the application for licensure pending completion of the file. Dr. Meier seconded the motion and the vote was unanimous in the affirmative.

Next, the Committee reviewed applications for licensure. Following review and discussion, 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. Mr. Fulton seconded the motion and the vote was unanimous in the affirmative.

Mr. Chlouber moved to recommend approval of the incomplete application(s) for reinstatement of Athletic Trainer licensure pending completion of the file(s) as shown on **Attachment #1** hereto. Dr. Northcutt 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. Ms. Ringer seconded the motion and the vote was unanimous in the affirmative.

Ms. Harrison advised she had not yet had an opportunity to thoroughly research the possibility of the Committee recommending a Letter of Concern to applicants and licensees when deemed necessary.

There being no further business, Mr. Chlouber moved to adjourn the meeting. The time was 9:18 a.m.

**Athletic Trainer Advisory Committee
July 31, 2024**

INCOMPLETE ATHLETIC TRAINER APPLICATIONS

AT 1357	FOSTER, ANNA
AT 1360	MODGLIN, ALLISON
AT 1362	BREDEHOEFT, SYDNEY ANNE
AT 1363	WHITE, JAKOBI
AT 1364	DIAZ, DENISE DANIELLE
AT 1367	GOLDEN, MACKENZIE
AT 1368	DECARRILLO, DAMON LEE
AT 1369	STREIT, GILLIAN MICHAELA
AT 1370	LYONS, ALEXIS W
AT 1372	WRIGHT, JESSICA ELIZABETH
AT 1373	PHILLIPS, OLIVIA JORDAN
AT 1374	AUSTIN, SAMANTHA
AT 1375	HOUSTON, LAUREN MICHEL ESTRIDGE
AT 1376	DETRINGO, COURTNEY AILEEN
AT 1377	DURAN, EMYLEE RENEE
AT 1378	KOMLODI, TATUM BREANNE
AT 1379	LEE, AMBER SKYE
AT 1380	UNKRAUT, CHRISTOPHER DAVID
AT 1381	FERKEL, JOSEPH EDWARD
AT 1382	EGLINTON, JACOB ANDREW

INCOMPLETE ATHLETIC TRAINER REINSTATEMENT APPLICATIONS

AT 521	PURDUM, RACHEL LYNN
AT 683	STOCKETT, JOSEPH CLAYTON

COMPLETE ATHLETIC TRAINER APPLICATIONS

AT 1356	CROSS, BRADY DAVID
AT 1358	GIBBS, PRESTON ALEXANDER
AT 1359	AKANDE, OLANREWAJU
AT 1361	PERESE, HAILEY
AT 1365	NEAL, SHAKOTA LACY CHEYENNE
AT 1366	TAYLOR, MICHAEL J
AT 1371	GEARHART, CONNOR

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AA 867 DANIEL RIOS

Apprentice Athletic Trainer

PRACTICE HISTORY					
Employed:	UNIVERSITY OF CENTRAL OKLAHOMA	Supervisor:	MEGAN BOLIN, AT 821		
	City: EDMOND	State: OK	Country:	UNITED STATES	
	Specialty: AA	From: 9 / 2024	To: /	Verified:	
Comments:	100 N UNIVERSITY DR EDMOND, OK 73034 405-974-2959				
Employed:	Physical Therapy Central	Supervisor:			
	City: KINGFISHER	State: OK	Country:	UNITED STATES	
	Specialty: PHYSICAL THERAPY TECHNICIAN	From: 3 / 2023	To: 6 / 2024	Verified:	
Comments:					
Employed:	None	Supervisor:			
	City: ENID	State: OK	Country:	UNITED STATES	
	Specialty: UNEMPLOYED, OCCASIONAL SUBSTITUTE TEACHING	From: 1 / 2023	To: 3 / 2023	Verified:	
Comments:					
Employed:	Integris Health	Supervisor:			
	City: ENID	State: OK	Country:	UNITED STATES	
	Specialty: MENTAL HEALTH SPECIALIST AND MEADOWLAKE HOSPITAL	From: 8 / 2022	To: 12 / 2022	Verified:	
Comments:					
Employed:	Hennessey Public Schools	Supervisor:			
	City: HENNESSEY	State: OK	Country:	UNITED STATES	
	Specialty: PARAPROFESSIONAL, TUTOR	From: 8 / 2021	To: 8 / 2022	Verified:	
Comments:					
Employed:	Camp Timberline	Supervisor:			
	City: ESTES PARK	State: CO	Country:	UNITED STATES	
	Specialty: SPORTS COUNSELOR	From: 5 / 2018	To: 7 / 2018	Verified:	
Comments:					
Employed:	University of Oklahoma	Supervisor:			
	City: NORMAN	State: OK	Country:	UNITED STATES	
	Specialty: RESIDENT ADVISOR	From: 8 / 2017	To: 8 / 2021	Verified:	
Comments:					
Employed:	McAlister's Deli	Supervisor:			
	City: ENID	State: OK	Country:	UNITED STATES	
	Specialty: SERVER AND CASHIER	From: 5 / 2017	To: 7 / 2017	Verified:	
Comments:					

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**
 AA 868 MAKIA SULLIVAN
 Apprentice Athletic Trainer

PRACTICE HISTORY

Employed: UNIVERSITY OF CENTRAL OKLAHOMA City: EDMOND Specialty: AA Comments: 100 N UNIVERSITY EDMOND, OK 73034 405-974-2959	Supervisor: MEGAN BOLIN, AT 821 State: OK Country: 73034 From: 9 /2024 To: / Verified:
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Employed: Mercy Rehabilitation Hospital City: OKLAHOMA CITY Specialty: ASSISTING WITH THERAPY AND RECOVERY. Comments: I WILL BE WORKING IN THE REHABILITATION AREA ASSISTING WITH THERAPY AND RECOVERY.	Supervisor: State: OK Country: UNITED STATES From: 7 /2024 To: / Verified:
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Employed: M-D Building Products City: OKLAHOMA CITY Specialty: ACCOUNTS PAYABLES CLERK Comments: I AM AN ACCOUNTS PAYABLES CLERK FOR THE MANUFACTURING COMPANY.	Supervisor: State: OK Country: UNITED STATES From: 5 /2018 To: / Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
AA	869	DOMINIC CAIN
Apprentice Athletic Trainer		

Practice Address:

July 19, 2024
 UNIVERSITY OF CENTRAL OKLAHOMA
 100 N UNIVERSITY DR

EDMOND, OK 73034
 OKLAHOMA

Status:

Res:
Received: 07/19/2024
Entered: 07/19/2024
Temp Issued: 09/13/2024
Temp Expires: 03/20/2025
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 869
Sex: M
Ethnic Origin: 2

Endorsed By:

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:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AA 869 DOMINIC CAIN
Apprentice Athletic Trainer

PRE-MED EDUCATION			
School Name: UNIVERSITY OF CENTRAL OKLAHOMA	City: EDMOND	State: OK	Country: UNITED STATES
Degree: AT DEGREE SEEKING	From: 7/2024	To: 6/ 2026	Verified:
School Name: CLEVELAND UNIVERSITY OF KANSAS CITY	City: OVERLAND PARK	State: KS	Country: UNITED STATES
Degree: DOCTOR OF CHIROPRACTIC	From: 1/2019	To: 4/ 2022	Verified:
School Name: CHADRON STATE COLLEGE	City: CHADRON	State: NE	Country: UNITED STATES
Degree: NA	From: 8/2015	To: 6/ 2018	Verified:
School Name: MCCOOK COMMUNITY COLLEGE	City: MCCOOK	State: NE	Country: UNITED STATES
Degree: ASSOCIATE'S	From: 8/2014	To: 6/ 2015	Verified:
School Name: BURLINGTON COMMUNITY COLLEGE	City: MT, LAUREL	State: NJ	Country: UNITED STATES
Degree: NA	From: 8/2013	To: 12/ 2013	Verified:
School Name: VALLEY FORGE CHRISTIAN COLLEGE	City: PHOENIXVILLE	State: PA	Country: UNITED STATES
Degree: NA	From: 8/2012	To: 6/ 2013	Verified:
School Name: LIFE CENTER ACADEMY	City: BURLINGTON	State: NJ	Country: UNITED STATES
Degree: DIPLOMA	From: 9/2011	To: 6/ 2012	Verified:
School Name: WILLINGBORO HIGH SCHOOL	City: WILLINGBORO	State: NJ	Country: UNITED STATES
Degree:	From: 9/2010	To: 6/ 2011	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AA 869 DOMINIC CAIN
Apprentice Athletic Trainer

PRACTICE HISTORY					
Employed: UNIVERSITY OF CENTRAL OKLAHOMA Supervisor: MEGAN BOLIN, AT 821					
City: EDMOND		State: OK		Country:	
Specialty: AA		From: 9 /2024		To: / Verified:	
Comments: 100 N UNIVERSITY DR EDMOND, OK 73034 405-974-2959					
Employed: The Joint Chiropractic Supervisor:					
City: NORMAN		State: OK		Country: UNITED STATES	
Specialty: CHIROPRACTOR		From: 6 /2024		To: / Verified:	
Comments: 8/16/2024:CURRENTLY WORKING HERE(SJ)					
Employed: FitSpa OKC Supervisor:					
City: NICHOLS HILLS		State: OK		Country: UNITED STATES	
Specialty: CHIROPRACTOR		From: 12 /2023		To: 6 /2024 Verified:	
Comments:					
Employed: The Joint Chiropractic Supervisor:					
City: NORMAN		State: OK		Country: UNITED STATES	
Specialty: CHIROPRACTOR		From: 5 /2023		To: 11 /2023 Verified:	
Comments:					
Employed: LifeClinic Supervisor:					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Specialty: CHIROPRACTOR		From: 9 /2022		To: 5 /2023 Verified:	
Comments:					
Employed: The Joint Chiropractic Supervisor:					
City: GOODYEAR		State: AZ		Country: UNITED STATES	
Specialty: CHIROPRACTOR		From: 6 /2022		To: 7 /2022 Verified:	
Comments:					
Employed: Cleveland University of Kansas City Supervisor:					
City: OVERLAND PARK		State: KS		Country: UNITED STATES	
Specialty: MAINTENANCE ASSOCIATE		From: 1 /2022		To: 4 /2022 Verified:	
Comments:					
Employed: Target Supervisor:					
City: OVERLAND PARK		State: KS		Country: UNITED STATES	
Specialty: CASHIER		From: 7 /2018		To: 12 /2018 Verified:	
Comments:					
Employed: NONE Supervisor:					
City: WILLINGTON		State: NJ		Country: UNITED STATES	
Specialty: UNEMPLOYED		From: 1 /2014		To: 8 /2014 Verified:	
Comments:					
Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
AA	869	DOMINIC CAIN

Apprentice Athletic Trainer

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AA 870 AUBREY GRACE COLOMBE
 Apprentice Athletic Trainer

Practice Address:

August 22, 2024
 UNIVERSITY OF CENTRAL OKLAHOMA
 214 E EDWARDS STREET - BOX. 17

 EDMOND, OK 73034
 OKLAHOMA

Status:
Res:
Received: 07/20/2024
Entered: 07/20/2024
Temp Issued: 11/21/2024
Temp Expires: 03/20/2025
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 870
Sex: F
Ethnic Origin: 3

Endorsed By:
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: UNIVERSITY OF CENTRAL OKLAHOMA					
City: EDMOND		State: OK		Country: UNITED STATES	
Degree: MASTER OF ATHLETIC TRAINING		From: 7/2024	To: 5/ 2026	Verified:	
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School Name: EAST CENTRAL UNIVERSITY					
City: ADA		State: OK		Country: UNITED STATES	
Degree: BACHELORS IN KINESIOLOGY		From: 8/2020	To: 5/ 2024	Verified:	
<hr/>					
School Name: BYNG HIGH SCHOOL					
City: ADA		State: OK		Country: UNITED STATES	
Degree:		From: 4/2020	To: 5/ 2020	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AA 870 AUBREY GRACE COLOMBE
Apprentice Athletic Trainer

PRACTICE HISTORY

Employed: UNIVERSITY OF CENTRAL OKLAHOMA **Supervisor:** MEGAN BOLIN, AT821
City: EDMOND **State:** OK **Country:** UNITED STATES
Specialty: AA **From:** 11 /2024 **To:** / **Verified:**
Comments: 100 N UNIVERSITY DR
BOX189
EDMOND, OK 73034
405-974-2959

Employed: East Central University **Supervisor:**
City: ADA **State:** OK **Country:** UNITED STATES
Specialty: ATHLETIC TRAINING AIDE **From:** 9 /2023 **To:** 5 /2024 **Verified:**
Comments: I WORKED IN THE OFFICE OF AN ATHLETIC TRAINER.

Employed: East Central University **Supervisor:**
City: ADA **State:** OK **Country:** UNITED STATES
Specialty: LIBRARY CLERK **From:** 8 /2020 **To:** 5 /2023 **Verified:**
Comments: I WORKED THROUGH A NATIVE AMERICAN GRANT IN THE DIGITAL MEDIA OFFICE IN THE LIBRARY./ WORKED IN THE DIGITAL MEDIA OFFICE IN THE LIBRARY.

Employed: H20 Church **Supervisor:**
City: ADA **State:** OK **Country:** UNITED STATES
Specialty: CHILDCARE STAFF **From:** 8 /2020 **To:** 6 /2024 **Verified:**
Comments: I WORKED IN CHILDCARE FOR THE CHURCH.

Employed: City of Ada **Supervisor:**
City: ADA **State:** OK **Country:** UNITED STATES
Specialty: CERTIFIED LIFEGUARD **From:** 5 /2018 **To:** 8 /2023 **Verified:**
Comments: I WAS A CERTIFIED LIFEGUARD FOR THE CITY OF ADA POOL.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AA 871 ROSALINDA MARTINEZ
Apprentice Athletic Trainer

Practice Address:

July 22, 2024
UNIVERSITY OF CENTRAL OKLAHOMA
100 N. UNIVERSITY DR
P.O. BOX 189
EDMOND, OK 73034
OKLAHOMA

Status:
Res:
Received: 07/22/2024
Entered: 07/22/2024
Temp Issued: 09/18/2024
Temp Expires: 03/20/2025
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 871
Sex: F
Ethnic Origin: 4

Endorsed By:
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: UNIVERSITY OF CENTRAL OKLAHOMA
City: EDMOND **State:** OK **Country:** UNITED STATES
Degree: AT **From:** 7/2024 **To:** 5/ 2026 **Verified:**

School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY
City: WEATHERFORD **State:** OK **Country:** UNITED STATES
Degree: BACHELORS **From:** 8/2020 **To:** 12/ 2023 **Verified:**

School Name: CARNEGIE HIGH SCHOOL
City: CARNEGIE **State:** OK **Country:** UNITED STATES
Degree: HIGH SCHOOL DIPLOMA **From:** 8/2016 **To:** 5/ 2020 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AA 871 ROSALINDA MARTINEZ
 Apprentice Athletic Trainer

PRACTICE HISTORY

Employed: UNIVERSITY OF CENTRAL OKLAHOMA City: EDMOND Specialty: AA Comments: 100 N UNIVERSITY DR P O BOX 189 EDMOND , OK 73034 405-974-2959	Supervisor: MEGAN BOLIN, AT821 State: OK Country: UNITED STATES From: 9 /2024 To: / Verified:
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Employed: Great Plains Family Child Development Center City: WEATHERFORD Specialty: CHILDCARE ASSISTANT TEACHER Comments: 7/22/2024:CURRENTLY WORKING HERE(SJ)	Supervisor: State: OK Country: UNITED STATES From: 8 /2021 To: / Verified:
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Employed: Great Plains Family YMCA City: WEATHERFORD Specialty: CHILD CARE TEACHER ASSISTANT Comments: SCHOOL AGE ASSISTANT TEACHER/ SUMMER CAMP COUNSELOR	Supervisor: State: OK Country: UNITED STATES From: 8 /2020 To: 8 /2021 Verified:
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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**
AA 872 EMMA SHADY
Apprentice Athletic Trainer

PRACTICE HISTORY

Employed: UNIVERSITY OF CENTRAL OKLAHOMA	Supervisor: MEGAN BOLIN, AT 821		
City: EDMOND	State: OK	Country:	
Specialty: AA	From: 8 / 2024	To: /	Verified:
Comments: 100 N UNIVERSITY DR - BOX 189 EDMOND, OK 73034 405-974-2959			

Employed: Fabletics	Supervisor:		
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: ASSISTANT STORE MANAGER	From: 6 / 2024	To: /	Verified:
Comments: 7/9/2024:CURRENTLY WORKING HERE(SJ)			

Employed: J. Crew Factory	Supervisor:		
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: PART TIME ASSISTANT MANAGER	From: 7 / 2023	To: 6 / 2024	Verified:
Comments:			

Employed: Fabletics	Supervisor:		
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: TEAM LEAD	From: 7 / 2022	To: 7 / 2023	Verified:
Comments:			

Employed: FedEx Ground	Supervisor:		
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: PACKAGE HANDLER	From: 11 / 2021	To: 7 / 2022	Verified:
Comments:			

Employed: Organic Squeeze	Supervisor:		
City: EDMOND	State: OK	Country: UNITED STATES	
Specialty: JUICEOLOGIST	From: 8 / 2021	To: 11 / 2021	Verified:
Comments:			

Employed: Teds Escondido	Supervisor:		
City: EDMOND	State: OK	Country: UNITED STATES	
Specialty: SERVER	From: 12 / 2020	To: 5 / 2021	Verified:
Comments:			

Employed: Starbucks	Supervisor:		
City: EDMOND	State: OK	Country: UNITED STATES	
Specialty: BARISTA	From: 8 / 2020	To: 10 / 2020	Verified:
Comments:			

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**
 AA 873 ASHTON KAY BURKHEAD
 Apprentice Athletic Trainer

PRACTICE HISTORY			
Employed: UNIVERSITY OF CENTRAL OKLAHOMA City: EDMOND Specialty: AA Comments: 100 N UNIVERSITY DR EDMOND OK 7034 405-974-2959	Supervisor: MEGAN BOLIN, AT 821 State: OK Country: UNITED STATES From: 10 /2024 To: / Verified:		
Employed: Saint Anthony's Hospital City: OKLAHOMA CITY Specialty: WORKING AS A PHLEBOTOMIST II Comments: 7/25/2024 CURRENTLY EMPLOYED HERE, TS	Supervisor: State: OK Country: UNITED STATES From: 3 /2022 To: / Verified:		
Employed: Oklahoma Heart Hospital City: OKLAHOMA CITY Specialty: WORKED AS A LAB SUPPORT TECHNICIAN. Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2022 To: 4 /2022 Verified:		
Employed: Saint Francis Hospital City: TULSA Specialty: WORKED AS A PHLEBOTOMIST. Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2020 To: 4 /2023 Verified:		
Employed: OCCC Coffee Shop City: OKLAHOMA CITY Specialty: WORKED AS A BARISTA Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2019 To: 12 /2019 Verified:		

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**
 AA 874 BREANNA FRENCH
 Apprentice Athletic Trainer

PRACTICE HISTORY			
Employed: UNIVERSITY OF CENTRAL OKLAHOMA City: EDMOND Specialty: AA Comments: 100 N UNIVERSITY DR EDMOND, OK 73034 405-974-2959	Supervisor: MEGAN BOLIN, AT 821 State: OK Country: UNITED STATES From: 9 /2024 To: / Verified:		
Employed: Gaillardia Country Club City: OKLAHOMA CITY Specialty: SERVER Comments: 7/3/2024 CURRENTLY EMPLOYED HERE, TS	Supervisor: State: OK Country: UNITED STATES From: 12 /2023 To: / Verified:		
Employed: Farmers Insurance City: MOORE Specialty: RECEPTIONIST Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2022 To: 7 /2023 Verified:		
Employed: The Collective City: OKLAHOMA CITY Specialty: SERVER Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2022 To: 7 /2022 Verified:		
Employed: Topgolf City: OKLAHOMA CITY Specialty: SERVER Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2018 To: 12 /2021 Verified:		

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**
 AA 875 MADISON TATE GILLHAM
 Apprentice Athletic Trainer

PRACTICE HISTORY			
Employed: UNIVERSITY OF CENTRAL OKLAHOMA City: EDMOND Specialty: AA Comments: 100 N UNIVERSITY DR EDMOND, OK 73034 405-974-2959	Supervisor: MEGAN BOLIN, AT 821 State: OK Country: UNITED STATES From: 8 /2024 To: / Verified:		
Employed: University of Central Oklahoma City: EDMOND Specialty: ATHLETIC TRAINING STUDENT, STUDENT AID Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2023 To: 5 /2024 Verified:		
Employed: Coldstone Creamery City: EDMOND Specialty: ASSISTANT MANAGER, CUSTOMER SERVICE ASSOCIATE Comments: 8/8/2024 CURRENTLY EMPLOYED HERE, TS	Supervisor: State: OK Country: UNITED STATES From: 2 /2022 To: / Verified:		
Employed: Tower Drive-In City: POTEAU Specialty: DRIVE IN MOVIE THEATER, CUSTOMER SERVICE ASSOCIATE Comments:	Supervisor: State: OK Country: UNITED STATES From: 11 /2019 To: 12 /2021 Verified:		

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**
AA 876 ATRACIA MOORE
Apprentice Athletic Trainer

PRACTICE HISTORY			
Employed: UNIVERSITY OF CENTRAL OKLAHOMA City: EDMOND Specialty: AA Comments: 100 N UNIVERSITY DR EDMOND, OK 73034 405-974-2959	Supervisor: MEGAN BOLIN, AT 821 State: OK Country: UNITED STATES From: 10 /2024 To: / Verified:		
Employed: mercy physical therapy clinic City: EDMOND Specialty: REHABILITATION TECH Comments: 8/3/2024 CURRENTLY EMPLOYED HERE. TS	Supervisor: State: OK Country: UNITED STATES From: 10 /2023 To: / Verified:		
Employed: riverview behavioral health City: TEXARKANA Specialty: ADMISSION ASSISTANT Comments:	Supervisor: State: AR Country: UNITED STATES From: 7 /2023 To: 10 /2023 Verified:		
Employed: perimeter of the ozarks City: SPRINGDALE Specialty: MENTAL HEALTH TECHNICIAN Comments:	Supervisor: State: AR Country: UNITED STATES From: 12 /2022 To: 6 /2023 Verified:		
Employed: arkansas support network City: FAYETTEVILLE Specialty: HOME ASSISTANT FOR DISABLED Comments:	Supervisor: State: AR Country: UNITED STATES From: 10 /2022 To: 11 /2022 Verified:		
Employed: pro care innovations City: FAYETTEVILLE Specialty: CARE TEAM COORDINATOR Comments:	Supervisor: State: AR Country: UNITED STATES From: 6 /2022 To: 8 /2022 Verified:		
Employed: lowe??s City: FAYETTEVILLE Specialty: FRONT END SALES ASSOCIATE Comments:	Supervisor: State: AR Country: UNITED STATES From: 7 /2021 To: 6 /2022 Verified:		
Employed: walmart City: CAMDEN Specialty: OVERNIGHT STOCKER Comments:	Supervisor: State: AR Country: UNITED STATES From: 6 /2020 To: 8 /2020 Verified:		
Employed: signode City: FORDYCE Specialty: WAREHOUSE BAG VALVING Comments:	Supervisor: State: AR Country: UNITED STATES From: 5 /2020 To: 6 /2020 Verified:		
Employed: McDonald??s City: FORDYCE Specialty: CASHIER Comments:	Supervisor: State: AR Country: UNITED STATES From: 6 /2019 To: 8 /2019 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AA 876 ATRACIA MOORE
Apprentice 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 1388 ALLISON NEWSOME
 Licensed Athletic Trainer

Practice Address:

July 15, 2024
 ORTHO LIVE
 3287 HEMLOCK ROAD

 EDGEWOOD, KY 41017
 NOT OKLAHOMA

Status:
Res:
Received: 07/15/2024
Entered: 07/15/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1388
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					
<hr/>					
School Name: UNIVERSITY OF CENTRAL FLORIDA					
City: ORLANDO	State: FL	Country: UNITED STATES			
Degree: B.S. IN ATHLETIC TRAINING	From: 6/2018	To: 5/ 2020	Verified:		
<hr/>					
School Name: TERRA ENVIRONMENTAL INSTITUTE					
City: MIAMI	State: FL	Country: UNITED STATES			
Degree: HIGH SCHOOL DIPLOMA	From: 8/2012	To: 6/ 2016	Verified:		
<hr/>					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1390 KYRSTEN LEE WOLGAST
 Licensed Athletic Trainer

Practice Address:

July 17, 2024
 NORTHEASTERN STATE UNIVERSITY
 601 N GRAND AVE

 TAHLEQUAH, OK 74464
 CHEROKEE

Status:
Res:
Received: 07/17/2024
Entered: 07/17/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1390
Sex: F
Ethnic Origin: 1

Endorsed By:
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: KANSAS STATE UNIVERSITY		State: KS	Country: UNITED STATES
City: MANHATTAN		From: 8/2019	To: 5/ 2024 Verified:
Degree: MASTERS OF SCIENCE IN ATHLETIC TRAINING			
School Name: WEST SPRINGFIELD HIGH SCHOOL		State: VA	Country: UNITED STATES
City: SPRINGFIELD		From: 9/2015	To: 6/ 2019 Verified:
Degree:			

PRACTICE HISTORY			
Employed: NORTH EASTERN STATE UNIVERSITY		Supervisor: SCOTT RAHHAL, MD 17265	
City: TAHLEQUAH		State: OK	Country:
Specialty: AT		From: 7 /2024	To: / Verified:
Comments: 7/15/24 - TEMP NOT ISSUED, APP INCOMPLETE, (KB)			
600 N GRAND AVE TAHLEQUAH, OK 74464 918-444-3921			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
AT	1390	KYRSTEN LEE WOLGAST

Licensed Athletic Trainer

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

PHOTO

EDCARD-(Nat'l Certif/Regist)

Protocol

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1391 ALLISON KRAUSE
Licensed Athletic Trainer

Practice Address:

July 18, 2024
ORTHO LIVE
3287 HEMLOCK ROAD

EDGEWOOD, KY 41017
NOT OKLAHOMA

Status:
Res:
Received: 07/18/2024
Entered: 07/18/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1391
Sex: F
Ethnic Origin: 1

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: NORTHERN KENTUCKY UNIVERSITY
City: HIGHLAND HEIGHTS **State:** KY **Country:** UNITED STATES
Degree: B.S. IN ATHLETIC TRAINING **From:** 8/2013 **To:** 5/ 2017 **Verified:**

School Name: BISHOP BROSSART HIGH SCHOOL
City: ALEXANDRIA **State:** KY **Country:** UNITED STATES
Degree: HIGH SCHOOL DIPLOMA **From:** 8/2009 **To:** 5/ 2013 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1392 DAWN RIASE

Licensed Athletic Trainer

PRACTICE HISTORY

Employed: ORTHO-LIVE TELEHEALTH **Supervisor:** RAYMOND GREIWE, MDC
38925
City: CINCINNATI **State:** OK **Country:**
Specialty: AT **From:** 1 / 2025 **To:** / **Verified:**
Comments: 12/04/24 - TEMP NOT ISSUED, APP INCOMPLETE -KB
1311 VINE ST
CINCINNATI, OH 45202
866-456-7846

Employed: Ortho Live **Supervisor:**
City: EDGEWOOD **State:** KY **Country:** UNITED STATES
Specialty: TELEMEDICINE AT - REMOTE IN **From:** 7 / 2022 **To:** / **Verified:**
STATE LICENSED (OHIO)
Comments:

Employed: Liberty Hospital **Supervisor:**
City: LIBERTY **State:** MO **Country:** UNITED STATES
Specialty: AT WORKING WITH MU **From:** 12 / 2020 **To:** 7 / 2022 **Verified:**
ORTHOPEDICS
Comments:

Employed: North Greenville University **Supervisor:**
City: GREENVILLE **State:** SC **Country:** UNITED STATES
Specialty: ASSISTANT ATHLETIC DIRECTOR OF **From:** 6 / 2015 **To:** 11 / 2020 **Verified:**
SPORTS MEDICINE
Comments: ASSISTANT ATHLETIC DIRECTOR OF SPORTS MEDICINE AND STRENGTH AND
CONDITIONING

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OH	Athletic Trainer AT003720	A	8/10/11	9/30/26	8/16/24

DEFICIENCIES

Evidence of Status

Application Instructions

Time Deficiency Form for: 5/1995-1/2008, 5/2013-6/2015 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR ORTHO LIVE? / RECEIVED EVIDENCE OF STATUS WITH NO PASSPORT ATTACHED, MUST HAVE TO PROCESS DOCUMENT. / RECEIVED FORM 5 WITH MISSING START DATE. ALSO MISSING SIGNED PROTOCOL CANNOT PROCESS WITHOUT DOCUMENT AND COMPLETED FORM 5

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1398 ERICA POMANA

Licensed Athletic Trainer

PRACTICE HISTORY

Employed: JOHN WINNINGHAM YMC FORT SILL **Supervisor:** JOHN WINNINGHAM, DO
6801
City: FORT SILL **State:** OK **Country:** UNITED STATES
Specialty: AT **From:** 9/2024 **To:** / **Verified:**
Comments: 9/9/24 RCVD FORM 5, APP INCOMPLETE TEMP NOT ISSUED.TS
6039 PERRY ST
FORTSILL, OK 70503
580-442-5566

Employed: US Army **Supervisor:**
City: FORT SILL **State:** OK **Country:** UNITED STATES
Specialty: MILITARY ATHLETIC TRAINER **From:** 7/2019 **To:** / **Verified:**
Comments: 9/23/2024 CURRENTLY EMPLOYED HERE, TS
MILITARY ATHLETIC TRAINER FOR BASIC COMBAT TRAINEES AND CADRE

Employed: Snohomish Skyhawks **Supervisor:**
City: SNOHOMISH **State:** WA **Country:** UNITED STATES
Specialty: TEAM ATHLETIC TRAINER **From:** 9/2018 **To:** 7/2019 **Verified:**
Comments: TEAM ATHLETIC TRAINER FOR SEMI-PROFESSIONAL SOCCER TEAM

Employed: Sports Physical Therapy **Supervisor:**
City: EVERETT **State:** WA **Country:** UNITED STATES
Specialty: HEAD ATHLETIC TRAINER **From:** 9/2018 **To:** 7/2019 **Verified:**
Comments:

Employed: Tusculum University **Supervisor:**
City: GREENEVILLE **State:** TN **Country:** UNITED STATES
Specialty: ASSISTANT ATHLETIC TRAINER **From:** 8/2015 **To:** 6/2018 **Verified:**
Comments: ASSISTANT ATHLETIC TRAINER FOR WOMEN'S BASKETBALL, TENNIS, AND MEN'S
SOCCER

Employed: Eastern New Mexico University **Supervisor:**
City: PORTALES **State:** NM **Country:** UNITED STATES
Specialty: GRADUATE ASSISTANT ATHLETIC **From:** 8/2013 **To:** 5/2015 **Verified:**
TRAINER
Comments: GRADUATE ASSISTANT ATHLETIC TRAINER FOR WOMEN'S BASKETBALL AND
VOLLEYBALL

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
WA	Athletic Trainer A1 60904524	A	11/15/18	8/28/25	9/20/24
NM	Athletic Trainer				
TN	Athletic Trainer 2006	I	9/18/15	8/31/18	10/3/24

DEFICIENCIES

Verify License from NM

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
AT	1403	KIARA JENIECE GIPSON

Licensed Athletic Trainer

Practice Address:
September 30, 2024

Status:
Res:
Received: 09/07/2024
Entered: 09/07/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1403
Sex: F
Ethnic Origin: 2

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 GEORGIA
City: ATHENS
Degree: B.S. IN EDUCATION IN ATHLETIC TRAINING

State: GA **Country:** UNITED STATES
From: 7/2009 **To:** 5/2013 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1403 KIARA JENIECE GIPSON

Licensed Athletic Trainer

PRACTICE HISTORY

Employed: OrthoLive City: EDGEWOOD Specialty: CERTIFIED ATHLETIC TRAINER Comments:	Supervisor: State: KY Country: UNITED STATES From: 10 /2023 To: / Verified:
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Employed: Peachtree Orthopedic City: ATLANTA Specialty: CERTIFIED ATHLETIC TRAINER Comments:	Supervisor: State: GA Country: UNITED STATES From: 10 /2020 To: 5 /2024 Verified:
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Employed: Children's Healthcare of Atlanta City: ATLANTA Specialty: CERTIFIED ATHLETIC TRAINER Comments:	Supervisor: State: GA Country: UNITED STATES From: 1 /2018 To: 10 /2020 Verified:
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Employed: Emory Healthcare City: ATLANTA Specialty: CERTIFIED ATHLETIC TRAINER Comments:	Supervisor: State: GA Country: UNITED STATES From: 8 /2017 To: 1 /2018 Verified:
---	--

Employed: Tuskegee University City: TUSKEGEE Specialty: ASSISTANT ATHLETIC TRAINER Comments: ASSISTANT ATHLETIC TRAINER/ ASSISTANT DIRECTOR OF SPORTS MEDICINE	Supervisor: State: AL Country: UNITED STATES From: 2 /2014 To: 7 /2017 Verified:
---	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
CO	Athletic Training AT0002653		11/21/23		
GA	Athletic Training AT002375	A	10/16/13	6/30/26	9/30/24
FL	Athletic Training TPAL10		11/21/23		
AZ	Athletic Training ATR-100091		6/21/24		

DEFICIENCIES

Evidence of Status
Application Instructions
OATH
Extended Background Check
Time Deficiency Form for: 5/2013-2/2014, -- MUST USE TIME DEFICIENCY FORM
PHOTO
OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH ORTHOLIVE? / LICENSE
VERIFICATIONS MUST COME FROM STATE BOARDS.
Verify License from CO AT0002653
Verify License from FL TPAL10
Verify License from AZ ATR-100091
Protocol
Supervisors

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1404 SARA LATOS
 Licensed Athletic Trainer

Practice Address:
 October 12, 2024

NOT OKLAHOMA

Status:
Res:
Received: 10/12/2024
Entered: 10/12/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1404
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: UNIVERSITY OF MONTANA			State: MT	Country: UNITED STATES	
City: MISSOULA			From: 8/2020	To: 5/ 2022	Verified:
Degree: INTEGRATIVE PHYSIOLOGY AND ATHLETIC TRAINING					
School Name: UNIVERSITY OF KANSAS			State: KS	Country: UNITED STATES	
City: LAWRENCE			From: 8/2016	To: 5/ 2020	Verified:
Degree: ATHLETIC TRAINING					
School Name: DERBY HIGH SCHOOL			State: KS	Country: UNITED STATES	
City: DERBY			From: 1/2014	To: 5/ 2016	Verified:
Degree:					
School Name: LITTLE ELM HIGH SCHOOL			State: TX	Country: UNITED STATES	
City: LITTLE ELM			From: 11/2012	To: 12/ 2013	Verified:
Degree:					
School Name: TEXAS EDUCATION CENTER			State: TX	Country: UNITED STATES	
City: LITTLE ELM			From: 8/2012	To: 10/ 2012	Verified:
Degree:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1404 SARA LATOS

Licensed Athletic Trainer

PRACTICE HISTORY

Employed: HEALY CHIROPRACTIC LLC City: BANGOR Specialty: ATHLETIC TRAINER Comments:	Supervisor: State: ME Country: UNITED STATES From: 5 /2023 To: 10 /2024 Verified:
--	---

Employed: University of Maine City: ORONO Specialty: ASSISTANT ATHLETIC TRAINER Comments:	Supervisor: State: ME Country: UNITED STATES From: 8 /2022 To: 10 /2024 Verified:
--	---

Employed: University of Montana City: MISSOULA Specialty: GRADUATE ASSISTANT ATHLETIC TRAINER Comments:	Supervisor: State: MT Country: UNITED STATES From: 8 /2020 To: 5 /2022 Verified:
--	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
ME	AT AT903		9/2/22		
MT	AT ATR-LAT-LIC-2300				

DEFICIENCIES

Evidence of Status
Application Instructions
OATH
Extended Background Check
PHOTO
Verify License from ME AT903
Verify License from MT ATR-LAT-LIC-2300
Protocol
Supervisors

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1405 KATHLEEN ANNE MANCIOCCHI
 Licensed Athletic Trainer

Practice Address:
 November 26, 2024
 ORTHOLIVE MEDICAL GROUP
 1311 VINE STREET

 CINCINNATI, OH 45202
 NOT OKLAHOMA

Status:
Res:
Received: 10/14/2024
Entered: 10/14/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1405
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: BRIDGEWATER STATE COLLEGE		State: MA	Country: UNITED STATES
City: BRIDGEWATER		From: 1/2004	To: 1/2006 Verified:
Degree: MASTER'S IN PHYSICAL EDUCATION, CONCENTRATION ATC			
<hr/>			
School Name: ST BONAVENTURE UNIVERSITY		State: NY	Country: UNITED STATES
City: ST BONAVENTURE		From: 8/1998	To: 5/2002 Verified:
Degree: BACHELOR'S IN BUSINESS ADMIN			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1405 KATHLEEN ANNE MANCIOCCHI
 Licensed Athletic Trainer

PRACTICE HISTORY

Employed: ORTHOLIVE MEDICAL GROUP **Supervisor:**
City: CINCINNATI **State:** OH **Country:**
Specialty: AT **From:** 11 / 2024 **To:** / **Verified:**
Comments: 11/20/24-TEMP NOT ISSUED, APP INCOMPLETE - KB
 1311 VINE STREET
 CINCINNATI, OH 45202
 866-456-7846

Employed: Ortholive **Supervisor:**
City: CINCINNATI **State:** OH **Country:** UNITED STATES
Specialty: AT **From:** 11 / 2021 **To:** / **Verified:**
Comments: I WORK IN THE INDUSTRIAL, TELEHEALTH FIELD AS A REMOTE ATHLETIC TRAINER.

Employed: DJO Global Bracing **Supervisor:**
City: ROCHESTER **State:** NY **Country:** UNITED STATES
Specialty: NEED JOB TITLE **From:** 11 / 2021 **To:** 11 / 2022 **Verified:**
Comments: ASSISTED WITH DURABLE MEDICAL EQUIPMENT FITTINGS AT CLINICS AND ASSISTED
 THE SALES TEAM.

Employed: DJO Global Healthcare **Supervisor:**
City: ROCHESTER **State:** NY **Country:** UNITED STATES
Specialty: NEED JOB TITLE **From:** 9 / 2015 **To:** 12 / 2020 **Verified:**
Comments: ASSISTED WITH DME FITTINGS, INVENTORY
 MANAGEMENT & VERIFIED PATIENT INSURANCE.

Employed: St John Fisher College **Supervisor:**
City: ROCHESTER **State:** NY **Country:** UNITED STATES
Specialty: AT **From:** 8 / 2011 **To:** 9 / 2015 **Verified:**
Comments: ATHLETIC TRAINER: PREVENTION, EVALUATION, AND ASSESSMENT OF COLLEGE
 ATHLETE INJURIES.

Employed: Nazareth College **Supervisor:**
City: ROCHESTER **State:** NY **Country:** UNITED STATES
Specialty: AT **From:** 8 / 2009 **To:** 4 / 2022 **Verified:**
Comments: PROVIDED PREVENTION, EVALUATION, AND ASSESSMENT OF COLLEGE ATHLETE
 INJURIES, AS AN ATHLETIC TRAINER.

Employed: University of Rochester Medical Center, **Supervisor:**
City: ROCHESTER **State:** NY **Country:** UNITED STATES
Specialty: NEED JOB TITLE **From:** 8 / 2008 **To:** 8 / 2009 **Verified:**
Comments: PROVIDED PREVENTION, EVALUATION, AND ASSESSMENT OF HIGH SCHOOL AND
 COLLEGE ATHLETE INJURIES.

Employed: Stonehill College **Supervisor:**
City: EASTON **State:** MA **Country:** UNITED STATES
Specialty: AT **From:** 8 / 2006 **To:** 5 / 2008 **Verified:**
Comments: ATHLETIC TRAINER: PROVIDED PREVENTION, EVALUATION, AND
 ASSESSMENT OF COLLEGE ATHLETE INJURIES.

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
AT	1405	KATHLEEN ANNE MANCIOCCHI
Licensed Athletic Trainer		

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
NY	AT 001685	A	9/12/08	6/30/26	11/5/24
MA	AT				
OH	AT				

DEFICIENCIES

Time Deficiency Form for: 7/1997- 8/1998; 5/2002- 1/2004; 1/2006- 8/2006; WHERE DID YOU OBTAIN YOUR AT DEGREE?; NEED JOB TITLES FOR 1) UNIVERSITY OF ROCHESTER, 2) DJO HEALTHCARE & 3) DJO BRACING; ARE YOU CURRENTLY PRACTICING AT ORTHOLIVE?;- MUST USE TIME DEFICIENCY FORM
Verify License from MA
Verify License from OH

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1408 RYAN ROENIGK
 Licensed Athletic Trainer

Practice Address:
 December 13, 2024
 UNIVERSITY OF OKLAHOMA
 180 W BROOKS

 NORMAN, OK 73019
 CLEVELAND

Status:
Res:
Received: 11/26/2024
Entered: 11/26/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1408
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: TEXAS STATE UNIVERSITY					
City: ROUND ROCK		State: TX		Country: UNITED STATES	
Degree: DOCTORATE OF PHYSICAL THERAPY		From: 8/2020		To: 5/ 2023 Verified:	
<hr/>					
School Name: WESTERN MICHIGAN UNIVERSITY					
City: KALAMAZOO		State: MI		Country: UNITED STATES	
Degree: MASTER OF SCIENCE IN ATHLETIC TRAINING		From: 8/2015		To: 5/ 2017 Verified:	
<hr/>					
School Name: UNIVERSITY OF TOLEDO					
City: TOLEDO		State: OH		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE IN ATHLETIC TRAINING		From: 8/2011		To: 5/ 2015 Verified:	
<hr/>					
School Name: ST. JOHN'S JESUIT HIGH SCHOOL					
City: TOLEDO		State: OH		Country: UNITED STATES	
Degree:		From: 8/2007		To: 5/ 2011 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1408 RYAN ROENIGK

Licensed Athletic Trainer

PRACTICE HISTORY

Employed: UNIVERSITY OF OKLAHOMA **Supervisor:** TEMP NOT ISSUED, APP INCOMPLETE, - KB
City: NORMAN **State:** OK **Country:**
Specialty: AT **From:** 12 /2024 **To:** / **Verified:**
Comments: 12/04/24 - TEMP NOT ISSUED, APP INCOMPLETE, - KB
180 W BROOKS
NORMAN OK 73019
405-325-8422

Employed: Fort Worth Independent School District **Supervisor:**
City: FORT WORTH **State:** TX **Country:** UNITED STATES
Specialty: ATHLETIC TRAINER **From:** 9 /2024 **To:** / **Verified:**
Comments: 12/14/24 - CURRENTLY WORKING HERE (KS)

Employed: Baylor Scott & White Outpatient Rehabilitation **Supervisor:**
City: FORT WORTH **State:** TX **Country:** UNITED STATES
Specialty: PHYSICAL THERAPIST **From:** 12 /2023 **To:** 9 /2024 **Verified:**
Comments:

Employed: Greater Therapy Centers **Supervisor:**
City: FORT WORTH **State:** TX **Country:** UNITED STATES
Specialty: PHYSICAL THERAPIST **From:** 5 /2023 **To:** 12 /2023 **Verified:**
Comments:

Employed: Austin College **Supervisor:**
City: SHERMAN **State:** TX **Country:** UNITED STATES
Specialty: HEAD ATHLETIC TRAINER **From:** 7 /2017 **To:** 7 /2020 **Verified:**
Comments:

Employed: Kalamazoo College **Supervisor:**
City: KALAMAZOO **State:** MI **Country:** UNITED STATES
Specialty: GRADUATE ASSISTANT ATHLETIC TRAINER **From:** 8 /2015 **To:** 5 /2017 **Verified:**
Comments:

Employed: Sylvania Recreation Corp. **Supervisor:**
City: SYLVANIA **State:** OH **Country:** UNITED STATES
Specialty: CONCESSION MANAGER **From:** 5 /2007 **To:** 5 /2011 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Athletic Trainer AT7195		6/14/17		
TX	Physical Therapist 1380393		8/7/23		
MI	AT 2601001482	I	7/14/15	9/30/19	12/13/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
AT	1408	RYAN ROENIGK

Licensed Athletic Trainer

DEFICIENCIES

OTHER DEFICIENCIES: DO YOU HAVE ANY OTHER AT LICENSES?

Verify License from TX AT7195

Verify License from TX 1380393

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 268 BRIAN K LANKFORD
 Licensed Athletic Trainer

Practice Address:
 November 19, 2024
 SPECIALTY CLINICS OF SAINT ANNE
 350 NE 12TH ST

 GUYMON, OK 73942
 TEXAS

Status: I
Res: RI
Received: 10/10/2024
Entered: 10/10/2024
Temp Issued: 11/19/2024
Temp Expires: 03/20/2025
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 268
Sex: M
Ethnic Origin: 1

Endorsed By: NATABOC
Orig Issued: 09/28/2000 **Orig. Lic. Exp:** 08/31/2024

	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: UNITED STATES SPORTS ACADEMY					
City: DAPHNE	State: AL	Country: UNITED STATES			
Degree: M.S.S.- AT	From: 8/1995	To: 3/1996	Verified:		
School Name: NORTHWESTERN OK STATE UNIVERSITY					
City: ALVA	State: OK	Country: UNITED STATES			
Degree: B.S.	From: 8/1991	To: 5/1995	Verified:		
School Name: PANHANDLE STATE UNIVERSITY					
City: GOODWELL	State: OK	Country: UNITED STATES			
Degree: NONE	From: 8/1989	To: 5/1991	Verified:		
School Name: TYRONE HIGH SCHOOL					
City: TYRONE	State: OK	Country: UNITED STATES			
Degree: DIPLOMA	From: 8/1986	To: 5/1989	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 268 BRIAN K LANKFORD
 Licensed Athletic Trainer

PRACTICE HISTORY

Employed: SPECIALTY CLINICS OF SAINT ANNE **Supervisor:**
City: GUYMON **State:** OK **Country:**
Specialty: AT **From:** 12 / 2024 **To:** / **Verified:**
Comments: 350 NE 12TH ST
 GUYMON, OK 73942
 580-338-8700

Employed: GUYMON HIGH SCHOOL **Supervisor:**
City: GUYMON **State:** OK **Country:**
Specialty: TEACHER **From:** 8 / 2024 **To:** 12 / 2024 **Verified:**
Comments: 11/18/2024 - CONFIRMED, HAS NOT BEEN PRACTICING AS AT SINCE LICENSE LAPSED
 (LKC)

Employed: GUYMON HIGH SCHOOL **Supervisor:**
City: GUYMON **State:** OK **Country:** UNITED STATES
Specialty: ATHLETIC TRAINER **From:** 1 / 2024 **To:** 8 / 2024 **Verified:**
Comments:

Employed: NONE **Supervisor:**
City: LIBERAL **State:** KS **Country:** UNITED STATES
Specialty: UNEMPLOYED **From:** 8 / 2023 **To:** 12 / 2023 **Verified:**
Comments:

Employed: VARSITY HEALTH **Supervisor:**
City: GOODWELL **State:** OK **Country:** UNITED STATES
Specialty: AT **From:** 1 / 2020 **To:** 8 / 2023 **Verified:**
Comments:

Employed: OKLAHOMA PANHANDLE STATE
 UNIVERSITY **Supervisor:**
City: GOODWELL **State:** OK **Country:** UNITED STATES
Specialty: HEAD ATHLETIC TRAINER **From:** 4 / 2007 **To:** 1 / 2020 **Verified:**
Comments:

Employed: MEDICAL ARTS CLINIC **Supervisor:**
City: GUYMON **State:** OK **Country:** UNITED STATES
Specialty: ATHLETIC TRAINER **From:** 4 / 2007 **To:** 1 / 2020 **Verified:**
Comments:

Employed: ELITE THERAPY **Supervisor:**
City: GUYMON **State:** OK **Country:** UNITED STATES
Specialty: AT **From:** 6 / 2000 **To:** 4 / 2007 **Verified:**
Comments:

Employed: MEMORIAL HOSPITAL OF TEXAS COUNTY **Supervisor:**
City: GUYMON **State:** OK **Country:** UNITED STATES
Specialty: TECHNICIAN **From:** 8 / 1997 **To:** 9 / 2000 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 268 BRIAN K LANKFORD
 Licensed Athletic Trainer

Comments:

Employed: OKLAHOMA PANHANDLE STATE UNIVERSITY
City: GOODWELL **State:** OK **Country:** UNITED STATES
Specialty: GRADUATE ASSISTANT **From:** 1 / 1997 **To:** 5 / 1997 **Verified:**

Comments:

Employed: EAST CENTRAL UNIVERSITY
City: ADA **State:** OK **Country:** UNITED STATES
Specialty: GRADUATE ASSISTANT **From:** 3 / 1996 **To:** 1 / 1997 **Verified:**

Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	AT 268	I	9/28/00	8/31/24	10/23/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 628 ANTHONY ALAN KATZENMEIER

Licensed Athletic Trainer

Practice Address:

October 18, 2024

UNIVERSITY HOSPITAL

900 NE 10TH

OKLAHOMA CITY, OK 73104

OKLAHOMA

Status: A

Res: RI

Received: 10/05/2024

Entered: 10/05/2024

Temp Issued: 10/21/2024

Temp Expires: 03/20/2025

Train Issued:

Train Expires:

Fed Rec:

AMA Rec:

Board Action:

License #: 628

Sex: M

Ethnic Origin: 1

Endorsed By: NATABOC Certification

Orig Issued: 10/08/2010

Orig. Lic. Exp: 03/20/2025

	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: EASTERN ILLINOIS UNIVERSITY

City: CHARLESTON

State: IL

Country: UNITED STATES

Degree: MASTERS

From: 6/2005

To: 6/ 2006

Verified:

School Name: KANSAS STATE UNIVERSITY

City: MANHATTAN

State: KS

Country: UNITED STATES

Degree: BACHELORS

From: 8/2001

To: 12/ 2004

Verified:

School Name: BUTLER COUNTY COMMUNITY COLLEGE

City: EL DORADO

State: KS

Country: UNITED STATES

Degree: ASSOCIATES DEGREE

From: 8/1999

To: 5/ 2001

Verified:

School Name: WICHITA HEIGHTS

City: WICHITA

State: KS

Country: UNITED STATES

Degree: HIGH SCHOOL DIPLOMA

From: 8/1996

To: 5/ 1999

Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 628 ANTHONY ALAN KATZENMEIER

Licensed Athletic Trainer

PRACTICE HISTORY			
Employed: UNIVERSITY HOSPITAL City: OKC Specialty: AT Comments: 900 NE 10TH OKC, OK 73104 4052714311	Supervisor: JAMES BARRETT, MD17839 State: OK Country: From: 10 /2024 To: / Verified:		
Employed: OU PHYSICIANS City: OKLAHOMA CITY Specialty: AT Comments:	Supervisor: JAMES BARRETT, MD 17839 State: OK Country: From: 11 /2019 To: 8 /2020 Verified:		
Employed: Oklahoma City Thunder City: EDMOND Specialty: AT Comments: 09/01/24 - LICENSEE'S LICENSE EXPIRED - KB ATHLETIC TRAINER SUPERVISOR:DR. DANIEL CLINKENBEARD	Supervisor: SUPERVISOR:DR. DANIEL CLINKENBEARD State: OK Country: UNITED STATES From: 6 /2014 To: 9 /2024 Verified:		
Employed: Oklahoma City Thunder City: EDMOND Specialty: MEDICAL RESEARCH COORDINATOR Comments: MEDICAL RESEARCH COORDINATOR SUPERVISOR:DONNIE STRACK	Supervisor: State: OK Country: UNITED STATES From: 6 /2013 To: 6 /2013 Verified:		
Employed: Oklahoma City Thunder City: TULSA Specialty: MINOR LEAGUE ATHLETIC TRAINER Comments:	Supervisor: DANIEL CLINKENBEARD, MD20222 State: OK Country: UNITED STATES From: 9 /2010 To: 6 /2014 Verified:		
Employed: CORE PERFOEMANCE CENTER City: SANTA MONICA Specialty: AT Comments:	Supervisor: State: CA Country: From: 10 /2008 To: 9 /2010 Verified:		
Employed: EASTERN ILLINOIS UNIVERSITY City: CHARLESTON Specialty: AT Comments:	Supervisor: State: IL Country: From: 8 /2006 To: 8 /2008 Verified:		
Employed: Eastern Illinois University City: CHARLESTON Specialty: ASSISTANT ATHLETIC TRAINER Comments:	Supervisor: State: IL Country: UNITED STATES From: 7 /2006 To: 7 /2008 Verified:		
Employed: Eastern Illinois University City: CHARLESTON Specialty: GRADUATE TEACHING ASSISTANT Comments:	Supervisor: State: IL Country: UNITED STATES From: 5 /2005 To: 6 /2006 Verified:		
Employed: GEARY COUNTY PUBLIC SCHOOL USD 475 City: FORT RILEY Specialty: SUBSTITUTE TEACHER	Supervisor: State: KS Country: From: 12 /2004 To: 5 /2005 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
AT	628	ANTHONY ALAN KATZENMEIER
Licensed Athletic Trainer		

Comments:

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
IL	AT 096.002206	I	9/15/05	5/31/10	10/18/24
OK	AT 628	I	10/8/10	8/31/24	10/18/24

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 676 BRITTANY ANN DAVIS
 Licensed Athletic Trainer

Practice Address:

July 09, 2024
 ORTHOCENTRAL
 3400 W TECUMSEH

 NORMAN, OK 73072
 CLEVELAND

Status: A
Res: RI
Received: 07/09/2024
Entered: 07/09/2024
Temp Issued: 09/11/2024
Temp Expires: 03/30/2025
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 676
Sex: F
Ethnic Origin: 3

Endorsed By: BOC
Orig Issued: 09/15/2011 **Orig. Lic. Exp:** 03/30/2025

	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: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree: B.S. ATHLETIC TRAINING		From: 8/2007		To: 5/ 2011 Verified:	
<hr/>					
School Name: OKMULGEE HIGH SCHOOL					
City: OKMULGEE		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2003		To: 5/ 2007 Verified:	
<hr/>					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 745 ELIAS WILLIAMS
 Licensed Athletic Trainer

Practice Address:

July 08, 2024
 STILLWATER MEDICAL CENTER
 1201 S ADAMS STREET

 STILLWATER, OK 74074
 PAYNE

 UNITED STATES

Status: A
Res: RI
Received: 07/06/2024
Entered: 07/06/2024
Temp Issued: 07/09/2024
Temp Expires: 03/20/2025
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 745
Sex: M
Ethnic Origin: 1

Endorsed By: BOC CERTIFICATION
Orig Issued: 02/19/2013 **Orig. Lic. Exp:** 03/20/2025

	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: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree:		From: 8/2012	To: 5/ 2014	Verified:	
<hr/>					
School Name: UNIVERSITY OF CENTRAL FLORIDA					
City: ORLANDO		State: FL		Country: UNITED STATES	
Degree: BS-HEALTH SCIENCES		From: 8/2007	To: 5/ 2011	Verified:	
<hr/>					
School Name: BANGS HIGH SCHOOL					
City: BANGS		State: TX		Country: UNITED STATES	
Degree:		From: 8/2002	To: 5/ 2007	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 745 ELIAS WILLIAMS

Licensed Athletic Trainer

PRACTICE HISTORY

Employed: STILLWATER MEDICAL CENTER	Supervisor: DONALD CRAWLEY MD 14957
City: STILLWATER	State: OK Country: UNITED STATES
Specialty: AT	From: 8 /2024 To: / Verified:
Comments: 1201 S ADAMS STREET STILLWATER OK 74074 405-624-8603	

Employed: Self Employed	Supervisor:
City: EDMOND	State: OK Country: UNITED STATES
Specialty: PRIVATE AT SERVICES	From: 6 /2024 To: / Verified:
Comments: 7/8/24: SELF EMPLOYED, BUT IS AWAITING LICENSURE TO BEGIN PRACTICING (LKC)	

Employed: Self Employed	Supervisor:
City: DENTON	State: TX Country: UNITED STATES
Specialty: PRIVATE ATHLETIC TRAINING	From: 8 /2023 To: 6 /2024 Verified:
Comments:	

Employed: Oklahoma State University	Supervisor:
City: STILLWATER	State: OK Country: UNITED STATES
Specialty: ATHLETIC TRAINER	From: 6 /2012 To: 8 /2023 Verified:
Comments:	

Employed: University of Richmond	Supervisor:
City: RICHMOND	State: VA Country: UNITED STATES
Specialty: INTERN ASSISTANT ATHLETIC TRAINER	From: 7 /2011 To: 5 /2012 Verified:
Comments:	

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
VA	Athletic Training 0126001692	I	7/26/11	1/31/13	7/8/24
TX	AT AT9402	A	6/5/23	6/4/25	7/8/24
OK	AT AT745	I	2/19/13	8/31/23	7/8/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1383 BILLANOVE BRIAN CINEUS
 Licensed Athletic Trainer

Practice Address:

July 26, 2024
 UNIVERSITY OF TULSA SPORTS MEDICINE
 800 S. TUCKER DRIVE

 TULSA, OK 74104
 TULSA

Status:
Res:
Received: 07/02/2024
Entered: 07/02/2024
Temp Issued: 08/26/2024
Temp Expires: 03/20/2025
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1383
Sex: M
Ethnic Origin: 2

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: UNIVERSITY OF CENTRAL FLORIDA
City: ORLANDO **State:** FL **Country:** UNITED STATES
Degree: MASTERS OF ATHLETIC TRAINING **From:** 5/2022 **To:** 5/ 2024 **Verified:**

School Name: UNIVERSITY OF CENTRAL FLORIDA
City: ORLANDO **State:** FL **Country:** UNITED STATES
Degree: KISIESIOLOGY/MINOR IN COACHING **From:** 8/2019 **To:** 5/ 2022 **Verified:**

School Name: BROWARD COLLEGE
City: FORT LAUDERDALE **State:** FL **Country:** UNITED STATES
Degree: ASSOCIATES IN ARTS **From:** 7/2016 **To:** 7/ 2018 **Verified:**

School Name: FORT LAUDERDALE HIGH SCHOOL
City: FORT LAUDERDALE **State:** FL **Country:** UNITED STATES
Degree: HIGH SCHOOL DIPLOMA **From:** 8/2012 **To:** 7/ 2016 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1383 BILLANOVE BRIAN CINEUS
 Licensed Athletic Trainer

PRACTICE HISTORY

Employed: UNIVERSITY OF TULSA SPORTS MEDICINE	Supervisor: JEFFREY CUNNINGHAM, MD 30836
City: TULSA	State: OK Country:
Specialty: AT	From: 8 / 2024 To: / Verified:
Comments: 800 S TUCKER DR TULSA, OK 74104 918-688-6954	

Employed: San Francisco 49ers	Supervisor:
City: SAN FRANCISCO	State: CA Country: UNITED STATES
Specialty: SUMMER INTERN	From: 7 / 2023 To: 9 / 2023 Verified:
Comments:	

Employed: University of central florida	Supervisor:
City: ORLANDO	State: FL Country: UNITED STATES
Specialty: STUDENT ATHLETIC TRAINER	From: 1 / 2021 To: 4 / 2024 Verified:
Comments: STUDENT ATHLETIC TRAINER FOR FOOTBALL, WOMENS BASKETBALL, BASEBALL,	

Employed: HOME DEPOT	Supervisor:
City: POMPANO	State: FL Country: UNITED STATES
Specialty: CUSTOMER SERVICE	From: 1 / 2018 To: 8 / 2019 Verified:
Comments:	

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 1384 BRITANI FAULK

Licensed Athletic Trainer

Practice Address:

August 19, 2024
 ST MARY'S ORHTOPAEDIC CLINIC
 330 S 5TH #301

 ENID, OK 73701
 GARFIELD

Status:
Res:
Received: 07/06/2024
Entered: 07/06/2024
Temp Issued: 08/19/2024
Temp Expires: 03/20/2025
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1384
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: UNIVERSITY OF NORTH GEORGIA					
City: DAHLONEGA		State: GA		Country: UNITED STATES	
Degree: MS KINESIOLOGY HPE		From: 8/2022	To: 5/ 2024	Verified:	
<hr/>					
School Name: UNIVERSITY OF SOUTHERN MISSISSIPPI					
City: HATTIESBURG		State: MS		Country: UNITED STATES	
Degree: BS ATHLETIC TRAINING		From: 8/2018	To: 5/ 2022	Verified:	
<hr/>					
School Name: SULPHUR HIGH SCHOOL					
City: SULPHUR		State: LA		Country: UNITED STATES	
Degree:		From: 8/2014	To: 5/ 2018	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1384 BRITANI FAULK

Licensed Athletic Trainer

PRACTICE HISTORY

Employed: ST MARY'S ORTHOPAEDIC CLINIC City: ENID Specialty: AT Comments: 330 S 5TH #301 ENID, OK 73701 580-249-3469	Supervisor: EDGAR FIKE, MD 20712 State: OK Country: UNITED STATES From: 8 / 2024 To: / Verified:
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Employed: Vereen Rehabilitation Center City: MOULTRIE Specialty: Comments: GRADUATE ASSISTANT AT POSITION AT A LOCAL HIGH SCHOOL	Supervisor: State: GA Country: UNITED STATES From: 7 / 2022 To: 6 / 2024 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
GA	Athletic Training AT004244	A	8/5/22	6/30/24	8/5/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1385 THOMAS GEOFFREY FOREMAN
 Licensed Athletic Trainer

Practice Address:
 August 05, 2024
 SOUTHMOORE HIGH SCHOOL
 2901 S SANTA FE AVE

 MOORE, OK 73160
 CLEVELAND

Status:
Res:
Received: 07/06/2024
Entered: 07/06/2024
Temp Issued: 09/13/2024
Temp Expires: 03/20/2025
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1385
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: UNIVERSITY OF SOUTH CAROLINA					
City: COLUMBIA		State: SC		Country: UNITED STATES	
Degree: MASTER OF ATHLETIC TRAINING		From: 5/2022		To: 5/ 2024 Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree: EXERCISE SCIENCE		From: 8/2017		To: 5/ 2022 Verified:	
<hr/>					
School Name: EDMOND SANTA FE HIGH SCHOOL					
City: EDMOND		State: OK		Country: UNITED STATES	
Degree:		From: 8/2013		To: 5/ 2017 Verified:	
<hr/>					
PRACTICE HISTORY					
Employed: SOUTHMOORE HIGH SCHOOL			Supervisor: JOSHUA WILSON, MD 32312		
City: MOORE		State: OK		Country: UNITED STATES	
Specialty: AT		From: 9/2024		To: / Verified:	
Comments: 2901 S SANTA FE AVE MOORE, OK 73160 405-735-4900					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
AT	1385	THOMAS GEOFFREY FOREMAN

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 1386 DAVID JAMES PIKER
 Licensed Athletic Trainer

Practice Address:
 August 14, 2024
 REYNOLDS ARMY HEALTH CLINIC
 4301 WILSON ST

 FORT SILL, OK 73503
 COMANCHE

Status:
Res:
Received: 07/08/2024
Entered: 07/08/2024
Temp Issued: 08/15/2024
Temp Expires: 03/30/2025
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1386
Sex: M
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: UNIVERSITY OF THE INCARNATE WORD					
City: SAN ANTONIO		State: TX	Country: UNITED STATES		
Degree: MS-ATHLETIC TRAINING		From: 7/2022	To: 5/2024	Verified:	
<hr/>					
School Name: UNIVERSITY OF CENTRAL ARKANSAS					
City: CONWAY		State: AR	Country: UNITED STATES		
Degree: EXERCISE AND SPORT SCIENCE		From: 6/2018	To: 12/2020	Verified:	
<hr/>					
School Name: ARKANSAS TECH UNIVERSITY					
City: RUSSELLVILLE		State: AR	Country: UNITED STATES		
Degree:		From: 8/2016	To: 5/2018	Verified:	
<hr/>					
School Name: POTTSVILLE HIGH SCHOOL					
City: POTTSVILLE		State: AR	Country: UNITED STATES		
Degree:		From: 8/2012	To: 5/2016	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1386 DAVID JAMES PIKER
 Licensed Athletic Trainer

PRACTICE HISTORY

Employed: REYNOLDS ARMY HEALTH CLINIC	Supervisor:		
City: FORT SILL	State: OK	Country: UNITED STATES	
Specialty: AT	From: 8 / 2024	To: /	Verified:
Comments: 4301 WILSON ST FORT SILL, OK 73503 832-274-7036			

Employed: Chenega Corp	Supervisor:		
City: LAWTON	State: OK	Country: UNITED STATES	
Specialty: ARMY BMT AT FORT SILL	From: 5 / 2024	To: /	Verified:
Comments: 8/12/24 CURRENTLY EMPLOYED HERE, TS			

Employed: ORTHOARKANSAS	Supervisor:		
City: LITTLE ROCK	State: AR	Country: UNITED STATES	
Specialty: TECH	From: 12 / 2020	To: 7 / 2022	Verified:
Comments:			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1387 KATIE LYN OSTROVECKY

Licensed Athletic Trainer

Practice Address:

September 26, 2024

ORTHO LIVE
3287 HEMLOCK RD

EDGEWOOD, KY 41017
NOT OKLAHOMA

Status:

Res:
Received: 07/08/2024
Entered: 07/08/2024
Temp Issued: 09/25/2024
Temp Expires: 03/20/2025
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1387
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: A.T. STILL UNIVERSITY

City: MESA

State: AZ

Country: UNITED STATES

Degree:

From: 3/2015

To: 12/ 2016

Verified:

School Name: NOVA SOUTHEASTERN UNIVERSITY

City: FORT LAUDERDALE

State: FL

Country: UNITED STATES

Degree: B.S. IN ATHLETIC TRAINING

From: 8/2010

To: 5/ 2014

Verified:

School Name: BATTLEFIELD HIGH SCHOOL

City: HAYMARKET

State: VA

Country: UNITED STATES

Degree: HS DIPLOMA

From: 9/2006

To: 6/ 2010

Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1387 KATIE LYN OSTROVECKY
Licensed Athletic Trainer

PRACTICE HISTORY

Employed: ORTHO LIVE City: EDGEWOOD Specialty: AT Comments: 3287 HEMLOCK RD EDGEWOOD, KY 41017 513-479-9102	Supervisor: RAYMOND GREIWE, MDC 38925 State: KY Country: UNITED STATES From: 9 /2024 To: / Verified:
Employed: St. Francis Episcopal School City: HOUSTON Specialty: AT Comments: 9/25/2024:CURRENTLY WORKING HERE(SJ)	Supervisor: State: TX Country: UNITED STATES From: 10 /2023 To: / Verified:
Employed: USFL - Bandits / Showboats City: MEMPHIS Specialty: AT Comments: ASSISTANT AT FOR TWO TEAMS IN THE USFL (PRO SPRING FOOTBALL)	Supervisor: State: TN Country: UNITED STATES From: 5 /2022 To: 7 /2023 Verified:
Employed: PEAK RECOVERY City: MESA Specialty: DIRECTOR OF SPORTS MED Comments:	Supervisor: State: AZ Country: UNITED STATES From: 12 /2021 To: 5 /2022 Verified:
Employed: El Segundo High School City: EL SEGUNDO Specialty: AT Comments:	Supervisor: State: CA Country: UNITED STATES From: 6 /2016 To: 12 /2021 Verified:
Employed: PHYSIOTHERAPY ASSOCIATES/ HORIZON HS City: SCOTTSDALE Specialty: AT Comments:	Supervisor: State: AZ Country: UNITED STATES From: 5 /2014 To: 3 /2015 Verified:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Athletic Trainer AT9135	A	7/11/22	7/10/26	8/5/24
AZ	AT ATR-009371	A	11/30/21	1/2/25	9/25/24
TN	AT 3052	A	3/3/23	11/30/25	9/25/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
AT	1389	DESTINEE DEANNA JOHNSON

Licensed Athletic Trainer

Practice Address:

July 17, 2024
UNIVERSITY OF TULSA
800 S TUCKER DR

TULSA, OK 74107
TULSA

Status:

Res:
Received: 07/17/2024
Entered: 07/17/2024
Temp Issued: 10/16/2024
Temp Expires: 03/20/2025
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1389
Sex: F
Ethnic Origin: 2

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: TEXAS STATE UNIVERSITY			
City: SAN MARCOS	State: TX	Country: UNITED STATES	
Degree: MAT	From: 6/2022	To: 5/ 2024	Verified:

School Name: STEPHEN F AUSTIN STATE UNIVERSITY			
City: NACOGDOCHES	State: TX	Country: UNITED STATES	
Degree:	From: 1/2019	To: 5/ 2022	Verified:

School Name: TEXAS SOUTHERN UNIVERSITY			
City: HOUSTON	State: TX	Country: UNITED STATES	
Degree: KINESIOLOGY	From: 7/2017	To: 12/ 2018	Verified:

School Name: MCKINNEY HIGH SCHOOL			
City: MCKINNEY	State: TX	Country: UNITED STATES	
Degree:	From: 8/2013	To: 6/ 2017	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
AT	1389	DESTINEE DEANNA JOHNSON
Licensed Athletic Trainer		

PRACTICE HISTORY

Employed: UNIVERSITY OF TULSA SPORTS MEDICINE		Supervisor: JEFFREY CUNNINGHAM, MD 30836	
City: TULSA	State: OK	Country: UNITED STATES	
Specialty: AT	From: 10 /2024	To: /	Verified:
Comments: 800 S TUCKER DR TULSA, OK 74104 918-494-2665			

Employed: Dallas Wings		Supervisor:	
City: ARLINGTON	State: TX	Country: UNITED STATES	
Specialty: AT SHADOWING	From: 5 /2024	To: 6 /2024	Verified:
Comments: SEASONAL ATHLETIC TRAINER			

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 1393 KELLY RAE WENDELBERGER
 Licensed Athletic Trainer

Practice Address:
 September 03, 2024
 SSM HEALTH BONE & JOINT
 3200 MEDICAL PARK DR

 SHAWNEE, OK 74804
 POTTAWATOMIE

Status:
Res:
Received: 08/01/2024
Entered: 08/01/2024
Temp Issued: 09/05/2024
Temp Expires: 03/30/2025
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1393
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: NORTHWEST MISSOURI STATE UNIVERSITY		State: MO	Country: UNITED STATES
City: MARYVILLE		From: 8/2020	To: 5/ 2022 Verified:
Degree:			
School Name: FORT HAYS STATE UNIVERSITY		State: KS	Country: UNITED STATES
City: HAYS		From: 8/2016	To: 5/ 2020 Verified:
Degree: BACHELORS OF SCIENCE IN ATHLETIC TRAINING			
School Name: BRUSH HIGH SCHOOL		State: CO	Country: UNITED STATES
City: BRUSH		From: 8/2012	To: 5/ 2016 Verified:
Degree: HIGH SCHOOL DIPLOMA			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1393 KELLY RAE WENDELBERGER

Licensed Athletic Trainer

PRACTICE HISTORY

Employed: SSM HEALTH BONE & JOINT City: SHAWNEE Specialty: AT Comments: 8/21/24 - TEMP NOT ISSUED, APP INCOMPLETE - KB 3200 MEDICAL PARK DR SHAWNEE, OK 74804 405-878-3460	Supervisor: WILLIAM HALE, MD 19051 State: OK Country: From: 9 /2024 To: / Verified:
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Employed: Northwest Missouri State University City: MARYVILLE Specialty: ASSISTANT ATC Comments:	Supervisor: State: MO Country: UNITED STATES From: 6 /2021 To: 8 /2024 Verified:
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Employed: Graduate assistant athletic trainer City: MARUYVILLR Specialty: GRAD ASSISTANT ATC Comments:	Supervisor: State: MO Country: UNITED STATES From: 8 /2020 To: 6 /2021 Verified:
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Employed: Home Depot City: HAYS Specialty: PART TIME SALES ASSOCIATE Comments:	Supervisor: State: KS Country: UNITED STATES From: 3 /2020 To: 5 /2021 Verified:
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Employed: Fort Hays State University City: HAYS Specialty: FITNESS CENTER EMPLOYEE Comments:	Supervisor: State: KS Country: UNITED STATES From: 8 /2017 To: 5 /2020 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
MO	Athletic training 2020025486	A	8/10/20	1/31/25	7/26/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1394 AUDREY MECHE
 Licensed Athletic Trainer

Practice Address:
 September 03, 2024
 UNIVERSITY OF OKLAHOMA
 1111 S ST LOUIS AVE

 TULSA, OK 74114
 TULSA

 UNITED STATES

Status:
Res:
Received: 08/02/2024
Entered: 08/02/2024
Temp Issued: 09/03/2024
Temp Expires: 03/30/2025
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1394
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: OKLAHOMA STATE UNIVERSITY		State: OK	Country: UNITED STATES
City: TULSA		From: 6/2022	To: 5/ 2024 Verified:
Degree: MASTERS IN ATHLETIC TRAINING			
School Name: NORTHEASTERN STATE UNIVERSITY		State: OK	Country: UNITED STATES
City: BROKEN ARROW		From: 8/2020	To: 5/ 2022 Verified:
Degree: BACHELOR OF SCIENCE			
School Name: TULSA COMMUNITY COLLEGE		State: OK	Country: UNITED STATES
City: TULSA		From: 8/2018	To: 6/ 2020 Verified:
Degree: ASSOCIATES IN SCIENCE			
School Name: COWETA HIGH SCHOOL		State: OK	Country: UNITED STATES
City: COWETA		From: 8/2014	To: 5/ 2018 Verified:
Degree: DIPLOMA			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1394 AUDREY MECHE

Licensed Athletic Trainer

PRACTICE HISTORY

Employed: UNIVERSITY OF OKLAHOMA City: TULSA Specialty: AT Comments: 1111 S ST LOUIS AVE TULSA, OK 74114 580-619-4600	Supervisor: THOMAS KERN, MD 24522 State: OK Country: UNITED STATES From: 8 /2024 To: / Verified:
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Employed: OSU-CHS City: TULSA Specialty: AA Comments: 7/18/2022:FORM5 ENTERED, TEMP NOT ISSUED(SJ) 1111 W 17TH ST TULSA, OK 74107	Supervisor: JENNIFER LYNN VOLBERDING, AT684 State: OK Country: UNITED STATES From: 7 /2022 To: 5 /2024 Verified:
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Employed: Ave Maria House City: TULSA Specialty: ASSOCIATE TEACHER Comments:	Supervisor: State: OK Country: UNITED STATES From: 2 /2021 To: 7 /2024 Verified:
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Employed: Don Carlton Honda City: TULSA Specialty: I WAS A RECEPTIONIST AND CASHIER. Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2019 To: 7 /2020 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	AA 827	I	9/16/22	8/31/24	9/3/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1395 BROOKE ASHLEY SMITH
 Licensed Athletic Trainer

Practice Address:

September 10, 2024
 OSOI
 1110 N LEE SUITE 200

 OKLAHOMA CITY, OK 73103
 OKLAHOMA

Status:
Res:
Received: 08/13/2024
Entered: 08/13/2024
Temp Issued: 09/27/2024
Temp Expires: 03/20/2025
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1395
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: PARKER UNIVERSITY
City: DALLAS **State:** TX **Country:** UNITED STATES
Degree: DOCTOR OF CHIROPRACTIC **From:** 9/2019 **To:** 8/2023 **Verified:**

School Name: UNIVERSITY OF CENTRAL OKLAHOMA
City: EDMOND **State:** OK **Country:** UNITED STATES
Degree: MASTERS OF ATHLETIC TRAINING **From:** 7/2017 **To:** 5/2019 **Verified:**

School Name: CAMERON UNIVERSITY
City: LAWTON **State:** OK **Country:** UNITED STATES
Degree: SPORTS AND EXERCISE SCIENCE **From:** 8/2010 **To:** 5/2017 **Verified:**

School Name: ELGIN HIGH SCHOOL
City: ELGIN **State:** OK **Country:** UNITED STATES
Degree: DIPLOMA **From:** 8/2006 **To:** 5/2010 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1395 BROOKE ASHLEY SMITH

Licensed Athletic Trainer

PRACTICE HISTORY

Employed: OSOI City: OKLAHOMA CITY Specialty: AT Comments: 1110 N LEE SUITE 200 OKLAHOMA CITY, OK 73103 405-640-5741	Supervisor: JOHN GLOMSET, MD 29497 State: OK Country: UNITED STATES From: 9 /2024 To: / Verified:
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Employed: BoldSpine Chiropractic City: BLANCHARD Specialty: OWNER AND DOCTOR OF CHIROPRACTIC Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2024 To: / Verified:
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Employed: TYO CHIROPRACTIC City: LAWTON Specialty: CHIROPRACTOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2023 To: 7 /2024 Verified:
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Employed: NONE City: LAWTON Specialty: SUMMER BREAK Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2019 To: 8 /2019 Verified:
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Employed: UNIVERSITY OF CENTRAL OKLAHOMA City: EDMOND Specialty: AA Comments:	Supervisor: JEFFREY MCKIBBIN, AT23 State: OK Country: USA From: 8 /2017 To: 5 /2019 Verified: 7/14/2017
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	Chiropractor 4567	A	10/2/23		9/10/24
OK	AA 744	I	9/7/17	8/31/19	9/10/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1396 KAYLEY SLONE CHILDS
 Licensed Athletic Trainer

Practice Address:
 September 23, 2024
 JOHN WINNINGHAM FORT SILL TMC Z
 6039 BERRY ST

 FORT SILL, OK 73503
 COMANCHE

Status:
Res:
Received: 08/19/2024
Entered: 08/19/2024
Temp Issued: 09/20/2024
Temp Expires: 03/20/2025
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1396
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: ODESSA COLLEGE		State: TX	Country: UNITED STATES
City: ODESSA		From: 8/2013	To: 5/ 2015 Verified:
Degree:			
<hr/>			
School Name: ANGELO STATE UNIVERSITY		State: TX	Country: UNITED STATES
City: SAN ANGELO		From: 8/2009	To: 5/ 2013 Verified:
Degree: BACHELOR'S OF SCIENCE IN ATHLETIC TRAINING			
<hr/>			
School Name: ABERNATHY HIGH SCHOOL		State: TX	Country: UNITED STATES
City: ABERNATHY		From: 8/2006	To: 5/ 2009 Verified:
Degree: HIGH SCHOOL DIPLOMA			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1396 KAYLEY SLONE CHILDS

Licensed Athletic Trainer

PRACTICE HISTORY

Employed: JOHN WINNINGHAM FORT SILL TMC Z **Supervisor:** John Winningham, DO6801
City: FORT SILL **State:** OK **Country:** UNITED STATES
Specialty: AT **From:** 9 /2024 **To:** / **Verified:**
Comments: 6039 BERRY ST
FORT SILL, OK 70503
580-442-5566

Employed: McMahon Tomlinson Nursing and **Supervisor:**
Rehabilitation Cente
City: LAWTON **State:** OK **Country:** UNITED STATES
Specialty: PHYSICAL THERAPIST ASSISTANT **From:** 6 /2024 **To:** 8 /2024 **Verified:**
Comments: PHYSICAL THERAPIST ASSISTANT AT A SKILLED NURSING FACILITY.

Employed: Quarterline- **Supervisor:**
City: EL PASO (FORT BLISS) **State:** TX **Country:** UNITED STATES
Specialty: MILITARY ATHLETIC TRAINER **From:** 12 /2021 **To:** 4 /2024 **Verified:**
Comments: MILITARY ATHLETIC TRAINER AT FORT BLISS FOR H2F FOR THE 11TH ADA BRIGADE.

Employed: Heart of Texas Healthcare System **Supervisor:**
City: BRADY **State:** TX **Country:** UNITED STATES
Specialty: PHYSICAL THERAPIST ASSISTANT **From:** 6 /2015 **To:** 11 /2021 **Verified:**
Comments: PHYSICAL THERAPIST ASSISTANT
OUTPATIENT AND INPATIENT SETTING FOR PHYSICAL THERAPY.

Employed: Shannon Sports Medicine **Supervisor:**
City: SAN ANGELO **State:** TX **Country:** UNITED STATES
Specialty: CONTRACT ATHLETIC TRAINER **From:** 8 /2013 **To:** 11 /2021 **Verified:**
Comments: CONTRACT ATHLETIC TRAINER FOR VARIOUS HIGH SCHOOL SPORTING EVENTS
THROUGHOUT THE AREA.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Physical Therapist Assistant 2112008	A	7/17/15	11/30/25	9/9/24
TX	Licensed Athletic Trainer AT5564	A	6/4/13	6/30/25	9/12/24
OK	TAC 130560	A	4/9/24	11/30/25	9/12/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1397 KALEIGH RENAE HANZLICK
 Licensed Athletic Trainer

Practice Address:

September 11, 2024
 OKLAHOMA SPORTS & ORTHOPEDICS INSTITUTE
 13401 N WESTERN AVE, STE 301

OKLAHOMA CITY, OK 73114
 OKLAHOMA

UNITED STATES

Status:
Res:
Received: 08/21/2024
Entered: 08/21/2024
Temp Issued: 09/12/2024
Temp Expires: 03/20/2025
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1397
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: OSU CENTER OF HEALTH AND SCIENCES		State: OK	Country: UNITED STATES
City: TULSA		From: 6/2022	To: 5/2024 Verified:
Degree: MASTERS			
School Name: KANSAS WESLEYAN UNIVERSITY		State: KS	Country: UNITED STATES
City: SALINA		From: 8/2020	To: 5/2022 Verified:
Degree: BACHELORS			
School Name: CLOUD COUNTY COMMUNITY COLLEGE		State: KS	Country: UNITED STATES
City: CONCORDIA		From: 8/2019	To: 5/2020 Verified:
Degree:			
School Name: WILSON JR./SR. HIGH SCHOOL		State: KS	Country: UNITED STATES
City: WILSON		From: 8/2015	To: 5/2019 Verified:
Degree:			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1397 KALEIGH RENAE HANZLICK
 Licensed Athletic Trainer

PRACTICE HISTORY

Employed: OKLAHOMA SPORTS & ORTHOPEDICS **Supervisor:**
 INSTITUTE
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: AT **From:** 9 / 2024 **To:** / **Verified:**
Comments: 13401 N WESTERN AVE, STE 301
 OKLAHOMA CITY, OK 73114
 405-209-1829

Employed: OSU-CHS **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: AA **From:** 7 / 2022 **To:** 9 / 2024 **Verified:**
Comments: 9/1/24 - DELETED - LICENSEE'S LICENSE EXPIRED - KB
 7/18/2022 TEMP NOT ISSUED – APPLICATION INCOMPLETE (RAH)
 1111 W 17TH ST
 TULSA OK 74107
 918-561-8255

Employed: Tuscons Steakhouse **Supervisor:**
City: SALINA **State:** KS **Country:** UNITED STATES
Specialty: WAITRESS **From:** 2 / 2022 **To:** 4 / 2022 **Verified:**
Comments:

Employed: Starbucks **Supervisor:**
City: SALINA **State:** KS **Country:** UNITED STATES
Specialty: BARISTA **From:** 6 / 2021 **To:** 12 / 2021 **Verified:**
Comments:

Employed: Waudby's Bar & Grill **Supervisor:**
City: RUSSELL **State:** KS **Country:** UNITED STATES
Specialty: WAITRESS **From:** 6 / 2019 **To:** 8 / 2020 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	AA 830	I	10/21/22	8/31/24	12/20/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1399 LEAH RENEE HULL

Licensed Athletic Trainer

PRACTICE HISTORY

Employed: JOHN WINNINGHAM FORT SILL YMC **Supervisor:** JOHN WINNINGHAM, DO
6801
City: FORT SILL **State:** OK **Country:** UNITED STATES
Specialty: AT **From:** 9 / 2024 **To:** / **Verified:**
Comments: 6039 BERRY ST
FORT SILL, OK 70503
580-442-5566

Employed: Chenega Corporation Contracted to Fort Sill **Supervisor:**
City: FORT SILL **State:** OK **Country:** UNITED STATES
Specialty: ATHLETIC TRAINER FOR 30TH ADA **From:** 9 / 2023 **To:** / **Verified:**
Comments: 8/28/24 CURRENTLY EMPLOYED HERE, TS

Employed: Midwestern State University **Supervisor:**
City: WICHITA FALLS **State:** TX **Country:** UNITED STATES
Specialty: ASSISTANT ATHLETIC TRAINER **From:** 1 / 2023 **To:** 7 / 2023 **Verified:**
Comments: ASSISTANT ATHLETIC TRAINER - CROSS COUNTRY, TRACK & FIELD, VOLLEYBALL,
TENNIS

Employed: Bibb County School District-Rutland High School **Supervisor:**
City: MACON **State:** GA **Country:** UNITED STATES
Specialty: ATHLETIC TRAINER-RUTLAND HIGH SCHOOL **From:** 6 / 2022 **To:** 12 / 2022 **Verified:**
Comments:

Employed: Georgia Military College **Supervisor:**
City: MILLEDGEVILLE **State:** GA **Country:** UNITED STATES
Specialty: HEAD FOOTBALL ATHLETIC TRAINER **From:** 9 / 2020 **To:** 5 / 2022 **Verified:**
Comments:

Employed: NONE **Supervisor:**
City: ROCKY FORD **State:** CO **Country:** UNITED STATES
Specialty: UNEMPLOYED **From:** 5 / 2020 **To:** 9 / 2020 **Verified:**
Comments:

Employed: Arizona Western College **Supervisor:**
City: YUMA **State:** AZ **Country:** UNITED STATES
Specialty: INSTRUCTOR OF INTRO TO ATHLETIC TRAINING **From:** 1 / 2020 **To:** 5 / 2020 **Verified:**
Comments: INSTRUCTOR OF INTRO TO ATHLETIC TRAINING AND STRENGTH AND CONDITIONING
FOR WOMEN'S SOCCER

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Athletic Trainer AT9268	A	10/23/22	10/23/24	8/28/24
GA	Athletic Trainer AT003860	I	9/1/20	7/31/24	9/10/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1400 AUBREY ELYSE LAURENT
 Licensed Athletic Trainer

Practice Address:
 September 20, 2024
 JOHN WINNINGHAM FORT SILL TMC
 6039 BERRY ST

 FORT SILL, OK 70503
 COMANCHE

Status:
Res:
Received: 08/29/2024
Entered: 08/29/2024
Temp Issued: 10/08/2024
Temp Expires: 03/20/2025
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1400
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: TARLETON STATE UNIVERSITY					
City: STEPHENVILLE		State: TX	Country: UNITED STATES		
Degree: MASTERS OF ATHLETIC TRAINING		From: 8/2016	To: 5/ 2018	Verified:	
<hr/>					
School Name: STEPHEN F AUSTIN STATE UNIVERSITY					
City: NACOGDOCHES		State: TX	Country: UNITED STATES		
Degree: BACHELOR OF SCIENCE IN KNESIOLOGY		From: 4/2014	To: 5/ 2016	Verified:	
<hr/>					
School Name: PANOVA COLLEGE					
City: CARTHAGE		State: TX	Country:		
Degree: AS		From: 8/2012	To: 3/ 2014	Verified:	
<hr/>					
School Name: CUSHING ISD					
City: CUSHING		State: TX	Country:		
Degree: HS		From: 3/2012	To: 5/ 2012	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1400 AUBREY ELYSE LAURENT

Licensed Athletic Trainer

PRACTICE HISTORY

Employed: JOHN WINNINGHAM FORT SILL TMC		Supervisor: JOHN WINNINGHAM, DO 6801	
City: FORT SILL	State: OK	Country: UNITED STATES	
Specialty: AT	From: 10 /2024	To: /	Verified:
Comments: 6039 BERRY ST FORT SILL, OK 70503 580-442-5566			

Employed: Chenega Corporation		Supervisor:	
City: FT SILL	State: OK	Country: UNITED STATES	
Specialty: ATHLETIC TRAINER	From: 12 /2021	To: /	Verified:
Comments: 9/24/2024 CURRENTLY EMPLOYED HERE, TS PROVIDE GUIDANCE AND SUPPORT IN IMPLEMENTING ATHLETIC TRAINING SERVICES TO RESOLVE MUSCULOSKELETAL I			

Employed: Texas Wesleyan University		Supervisor:	
City: FOR WORTH	State: TX	Country: UNITED STATES	
Specialty: ATHLETIC TRAINER	From: 6 /2019	To: 12 /2021	Verified:
Comments: PROVIDE GUIDANCE AND SUPPORT IN IMPLEMENTING PHYSICIAN-PRESCRIBED ATHLETIC TRAINING SERVICES TO RESO			

Employed: Lubbock Christian University		Supervisor:	
City: LUBBOCK	State: TX	Country: UNITED STATES	
Specialty: ATHLETIC TRAINER	From: 8 /2018	To: 5 /2019	Verified:
Comments: PROVIDE GUIDANCE AND SUPPORT IN IMPLEMENTING PHYSICIAN-PRESCRIBED ATHLETIC TRAINING SERVICES TO RESO			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Athletic Trainer AT7652	A	7/23/18	7/22/26	9/20/24

DEFICIENCIES

TIME

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
AT	1401	MEGAN DARBY MCNALLY

Licensed Athletic Trainer

PRACTICE HISTORY

Employed: OU HSC City: OKLAHOMA CITY Specialty: AT Comments: 900 NE 10TH ST OKLAHOMA CITY, OK 73104 405-271-2569	Supervisor: JAMES BARRETT, MD 17839 State: OK Country: UNITED STATES From: 10 /2024 To: / Verified:
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Employed: SELF- EMPLOYED City: BREWSTER Specialty: NANNY Comments:	Supervisor: State: MA Country: UNITED STATES From: 5 /2024 To: 8 /2024 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1402 BENJAMIN ARJONA JR

Licensed Athletic Trainer

PRACTICE HISTORY

Employed: UNIVERSITY OF OKLAHOMA HSC City: OKLAHOMA CITY Specialty: AT Comments: 900 NE 10TH OKLAHOMA CITY, OK 73104 405-271-4224	Supervisor: JAMES BARRETT, MD 17839 State: OK Country: UNITED STATES From: 10 /2024 To: / Verified:
--	---

Employed: Injury to Optimal Perofrmance City: LUBBOCK Specialty: ATHLETIC TRAINER Comments: AT SPORTS PERFORMANCE CLINIC	Supervisor: State: TX Country: UNITED STATES From: 5 /2024 To: 7 /2024 Verified:
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Employed: University of Texas at Austin City: AUSTIN Specialty: ASSISTANT ATHLETIC TRAINER Comments: ASSISTANT ATHLETIC TRAINER MENS AND WOMENS BASKETBALL	Supervisor: State: TX Country: UNITED STATES From: 6 /2023 To: 4 /2024 Verified:
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Employed: Southern Methodist Universtiy City: DALLAS Specialty: INTERN ATHLETIC TRAINER Comments:	Supervisor: State: TX Country: UNITED STATES From: 6 /2022 To: 4 /2023 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Athletic Trainer AT8435	A	7/25/20	9/24/26	9/27/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 AT 1406 MICHAEL P DREISBACH
 Licensed Athletic Trainer

Practice Address:
 December 05, 2024
 MMG ORTHOPEDIC
 110 NW 31ST ST

 LAWTON, OK 73505
 COMANCHE

 UNITED STATES

Status:
Res:
Received: 10/16/2024
Entered: 10/16/2024
Temp Issued: 12/05/2024
Temp Expires: 03/20/2025
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1406
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																							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">School Name: MCKENDREE UNIVERSITY</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="padding: 2px;">City: LEBANON</td> <td style="padding: 2px;">State: IL</td> <td style="padding: 2px;">Country: UNITED STATES</td> <td colspan="3"></td> </tr> <tr> <td style="padding: 2px;">Degree: BACHELOR'S OF SCIENCE IN ATHLETIC TRAINING</td> <td style="padding: 2px;">From: 6/2008</td> <td style="padding: 2px;">To: 12/ 2011</td> <td style="padding: 2px;">Verified:</td> <td colspan="2"></td> </tr> </table>						School Name: MCKENDREE UNIVERSITY						City: LEBANON	State: IL	Country: UNITED STATES				Degree: BACHELOR'S OF SCIENCE IN ATHLETIC TRAINING	From: 6/2008	To: 12/ 2011	Verified:		
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City: LEBANON	State: IL	Country: UNITED STATES																					
Degree: BACHELOR'S OF SCIENCE IN ATHLETIC TRAINING	From: 6/2008	To: 12/ 2011	Verified:																				
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School Name: MILTON AREA SENIOR HIGH SCHOOL																							
City: MILTON	State: PA	Country: UNITED STATES																					
Degree: HIGH SCHOOL DIPLOMA	From: 8/1999	To: 5/ 2003	Verified:																				

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1406 MICHAEL P DREISBACH

Licensed Athletic Trainer

PRACTICE HISTORY

Employed: MMG ORTHOPEDIC OFFICE **Supervisor:** DANIEL CONSTANCE, MD
26711
City: LAWTON **State:** OK **Country:** UNITED STATES
Specialty: AT **From:** 12 /2024 **To:** / **Verified:**
Comments: 110 NW 31ST ST
LAWTON, OK 73505
580-357-3671

Employed: Chenega Corporation **Supervisor:**
City: FORT SILL **State:** OK **Country:** UNITED STATES
Specialty: FEDERALLY CONTRACTED ATHLETIC **From:** 4 /2023 **To:** 4 /2024 **Verified:**
TRAINER
Comments: CONTRACTED ATHLETIC TRAINER UNDER FEDERAL CONTRACT.

Employed: Southwest Foot and Ankle Clinic **Supervisor:**
City: LAWTON **State:** OK **Country:** UNITED STATES
Specialty: ASSISTED TAKING VITALS FOR **From:** 4 /2022 **To:** 4 /2023 **Verified:**
PODIATRY APPOINTMENTS.
Comments:

Employed: Venesco, LLC **Supervisor:**
City: FORT SILL **State:** OK **Country:** UNITED STATES
Specialty: FEDERALLY CONTRACTED ATHLETIC **From:** 4 /2016 **To:** 4 /2022 **Verified:**
TRAINER
Comments:

Employed: Reynold's Army Community Hospital **Supervisor:**
City: FORT SILL **State:** OK **Country:** UNITED STATES
Specialty: GS PHYSICAL THERAPIST ASSISTANT **From:** 4 /2015 **To:** 4 /2016 **Verified:**
THROUGH USA JOBS
Comments:

Employed: Proxy Personnel, LLC **Supervisor:**
City: FORT SILL **State:** OK **Country:** UNITED STATES
Specialty: FEDERALLY CONTRACTED ATHLETIC **From:** 3 /2014 **To:** 4 /2015 **Verified:**
TRAINER
Comments:

Employed: BOUT MANAGEMENT FEDERATION LLC **Supervisor:**
City: O'FALLON **State:** IL **Country:** UNITED STATES
Specialty: CEO **From:** 9 /2010 **To:** 12 /2024 **Verified:**
Comments: 11/21/24MT- CURRENTLY WORKING

Employed: MAYNARD MCREA **Supervisor:**
City: GRANITE CITY **State:** IL **Country:** UNITED STATES
Specialty: DRYWALL FINISHER **From:** 5 /2003 **To:** 6 /2008 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
KS	AT ET-00202	I	12/31/20	1/20/23	10/29/24
MO	AT 2013006628	A	3/4/13	1/31/25	10/29/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
AT	1406	MICHAEL P DREISBACH

Licensed Athletic Trainer

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1409 TRISTON HOPKINS

Licensed Athletic Trainer

Practice Address:

December 18, 2024

UNIVERSITY OF TULSA ATHLETICS
800 S TUCKER DR

TULSA, OK 74104
TULSA

Status:

Res:
Received: 12/15/2024
Entered: 12/15/2024
Temp Issued: 12/19/2024
Temp Expires: 03/13/2025
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1409
Sex: M
Ethnic Origin: 1

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: UNIVERSITY OF TULSA

City: TULSA

State: OK

Country: UNITED STATES

Degree: MASTERS OF ATHLETIC TRAINING

From: 5/2022

To: 5/ 2024

Verified:

School Name: WASHBURN UNIVERSITY

City: TOPEKA

State: KS

Country: UNITED STATES

Degree: B.S. - KINESIOLOGY

From: 8/2018

To: 5/ 2022

Verified:

School Name: OSKALOOSA JR. / SR. HIGH SCHOOL

City: OSKALOOSA

State: KS

Country: UNITED STATES

Degree:

From: 8/2014

To: 5/ 2018

Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
AT 1409 TRISTON HOPKINS

Licensed Athletic Trainer

PRACTICE HISTORY

Employed: UNIVERSITY OF TULSA ATHLETICS **Supervisor:** JEFFREY CUNNINGHAM, MD
30836
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: AT **From:** 1 / 2025 **To:** / **Verified:**
Comments: UNIVERSITY OF TULSA ATHLETICS
800 S TUCKER DR
TULSA, OK 74104
785-608-7519

Employed: Tennessee Titans **Supervisor:**
City: NASHVILLE **State:** TN **Country:** UNITED STATES
Specialty: SEASONAL ATHLETIC TRAINING **From:** 3 / 2024 **To:** / **Verified:**
INTERN
Comments: 12/17/2024: CURRENTLY WORKING HERE(SJ)

SEASONAL ATHLETIC TRAINING INTERN - FIELD SETUP, PRACTICE AND GAME
COVERAGE, REHABS.

Employed: Rebound Physical Therapy **Supervisor:**
City: TOPEKA **State:** KS **Country:** UNITED STATES
Specialty: PHYSICAL THERAPY TECHNICIAN **From:** 5 / 2020 **To:** 10 / 2021 **Verified:**
Comments: PHYSICAL THERAPY TECHNICIAN - ADMIN WORK, CLEANING, ASSIST WITH REHABS.

Employed: Washburn University **Supervisor:**
City: TOPEKA **State:** KS **Country:** UNITED STATES
Specialty: UNDERGRADUATE ATHLETIC **From:** 1 / 2019 **To:** 5 / 2022 **Verified:**
TRAINING AIDE
Comments: UNDERGRADUATE ATHLETIC TRAINING AIDE - FIELD SETUP, TAPE, GAME AND
PRACTICE HYDRATION.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TN	Athletic Training 3234	A	7/18/24	9/30/25	12/17/24

DEFICIENCIES

Amended: November 1, 2019

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

INDEX

- 525 Short Title
- 526 Definitions
- 527 License required
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- 531 Expiration of license - renewal - license fees
- 532 Denial; suspension or revocation of license
- 533 Violation of Act - penalty
- 534 Persons actively engaged as Athletic Trainer - application of Act
- 535 Practice of medicine unauthorized - exemptions from act

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/documented 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]

