

KENTUCKY BOARD OF MEDICAL LICENSURE

Andy Beshear Governor Hurstbourne Office Park 310 Whittington Parkway, Suite 1B Louisville, Kentucky 40222

www.kbml.ky.gov (502) 429-7150

MEMORANDUM

TO: Supervising Physician and Athletic Trainer

FROM: Teresa Kleinhenz, Physician Assistant Coordinator

RE: Scope of Practice Duties for Athletic Trainer

Attached is an initial scope of practice application for an athletic trainer in the Commonwealth of Kentucky. The scope of practice application is now required to keep on file for each Kentucky licensed athletic trainer.

Please note that only completed applications will be considered. Incomplete applications will be returned to the applicant.

This application must be on file with the Board while the Athletic Trainer is practicing under the supervising physician.

Should you have any questions regarding the above, please contact me at (502) 429-7932.



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Initial Scope of Practice Application of Athletic Trainer

I.	Name of Supervising Physician:	(First)	(Middle))	(Last)		
2.	Kentucky License Number:		Expiration D	ate:			
3.	Office Address:						
			7081				
4.	Telephone (Office)		Office F	ax			
5.	Name of Athletic Trainer:(First) (Midd	le) (Las	AT I	CY License Number		
6.	Athletic Trainer Mailing Addres						
7.	Athletic Trainer Email Address:						
8.	Athletic Trainer Mobile Number						
9.	Please list a description of the authorized practice activities for the athletic trainer under your supervision.						
	Invasive Procedures (Check any of the following)						
	☐ Rectal thermometry						
	☐ Airway adjuncts, if in c☐ Dry needling	onformity w/BLS	protocols and instrur	nents			
	□ Phlebotomy						
	☐ Draining blisters						
	Legend Medications (Check any of the following)						
	□ Albuterol via meter dose inhaler						
	□ Oxygen						
	☐ Epinephrine 1:1000 for administration via IM or Epi-Pen for treatment of anaphylaxis						
	□ IV administration fluids:						
	o Normal Saline						
	o Lactated Rings ☐ Naloxone for IM or nas						
	☐ Glucagon for IM admir		ent of diabetic emero	encv			
					ent of a diabetic emergency		
	☐ Flu Vaccine (9 years of				on a manage entorgeney		

AT Na	me:	A1	AT License #:		
0 0 0 0	 □ Bupivacaine (.5%) for administration via injection, with or w/out Epinephrine □ Xylocaine (1% or 2%), with or w/out Epinephrine □ Lidocaine Topical 				
V 140					
		Physician's Signature	Date		
		Athletic Trainer's Signature	Date		