



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.

AT Name: _____

AT License #: _____

- Lidocaine (1% or 2%) for administration via injection, with or w/out Epinephrine
- Bupivacaine (.5%) for administration via injection, with or w/out Epinephrine
- Xylocaine (1% or 2%), with or w/out Epinephrine
- Lidocaine Topical
- Dermabond tissue adhesive

10. Location(s) in which the athletic trainer will perform authorized practice activities:

Physician's Signature

Date

Athletic Trainer's Signature

Date