Delegation Document for Delivery of Athletic Training Services

This document shall serve as record of official delegation of Athletic Training (AT) services by a State of Michigan Licensed Athletic Trainer to a qualified individual who is assisting an out of state team that is participating in an athletic event held in the State of Michigan.

NOTE: This is a suggested format if a formal document needs to be created but it is not a requirement to have this form completed.

____________________________________________________________________
Name of Athletic Trainer Requesting Delegation of Athletic Training Services
____________________________________________________________________
Place of Employment
____________________________________________________________________
Employment Address
____________________________________________________________________
Employment Address
____________________________________________________________________
Office Phone__________ Cell Phone_______________ Fax_______________
E-mail address_____________________________________
Current State AT License Number: State______________ # ________________
BOC Certification Number: _________________________________

I have read and understand the State of Michigan Public Health Code and Administrative Rules for Athletic Trainers and agree to perform only those acts, tasks, or functions that are within the scope of practice of athletic training that I have been authorized to perform in Michigan. This delegation is in effect for __________________________________________________ (event).
I also agree that if I have any questions or concerns relating to any act, task, or function that I am performing or allowed to perform; I will contact the individual who is providing my “general supervision” either in person or via phone / electronic communication.

Signature_____________________________________ Date____________________

____________________________________________________________________
Name of Person Delegating Athletic Training Services________________________________
Place of Employment______________________________________________________
State of Michigan License Number___________________________________________

I certify that the individual requesting delegation of AT services is qualified to perform acts, tasks, and functions related to athletic training. I will be continuously available in person or via phone / electronic communication for “general supervision” purposes.

Signature_____________________________________________________

Date_______________________