

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 _____