

FLORIDA BOARD OF ATHLETIC TRAINING RULES MEETING

August 16, 2022, at 7:30 a.m. EST

MEETING MINUTES

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Kari Riddle, LAT, ATC, Chair
Ashleigh K. Irving, Executive Director



I. CALLED TO ORDER @ 7:30 a.m. EST

Roll Call was conducted by Ashleigh Irving, Interim Executive Director.

Members Present:

Kari Riddle, ATC, LAT – Chair
Billy J. “Bo” McDougal, ATC, LAT – Vice-Chair
Gerald Stevens, LAT, ATC
Randy S. Schwartzberg, MD
James B. Hudson
Frank Walters, PhD, LAT, ATC

Members Not Present:

James T. Watson, ATC, LAT (Excused Absence)
Kevin Christie, DC (Excused Absence)
Lynne Roberts (Excused Absence)

Staff Present:

Ashleigh Irving, Executive Director
Eric Pottschmidt, Program Operations Administrator
Ronald “Tom” Jones, Assistant Attorney General

II. RULES DISCUSSION

Ms. Riddle stated that the purpose of this meeting was for the Board to review and discuss the proposed language for the rule development initiative discussed during the last General Business Meeting.

(TS 00:02:25 Minutes) Mr. Jones stated that himself and Mr. Stevens have had an opportunity to correspond regarding the review of these proposed rule changes by Athletic Trainers' Association of Florida (ATAF). Mr. Jones added that during this review himself and Mr. Stevens worked to ensure that the proposed language for these rule changes was compliant with the 468.705, F.S., rulemaking authority, and 468.701, F.S., particularly the definitions section, having to do with athletic training. Mr. Jones further stated that himself and Mr. Stevens concluded that the proposed changes to Rule 64B33-2.003, F.A.C., and Rule 64B33-4.001, F.A.C., were within the scope of both the rulemaking authority and the statutory definition of athletic training. He added that this information was then sent to the Board and that he met with individual Board members to request their review in the same manner.

(TS 00:05:25 Minutes) Ms. Riddle opened the floor for discussion regarding the proposed rule changes.

a. Rule 64B33-2.003, F.A.C.

64B33-2.003 Requirements for Continuing Education.

(1) In the 24 months preceding each biennial renewal period, every athletic trainer licensed pursuant to chapter 468, Part XIII, F.S., shall be required to complete 24 hours of continuing education in courses approved by the Board. However, athletic trainers who receive an initial license during the second half of the biennium shall be required to complete only 12 hours of continuing education in courses approved by the Board prior to renewal. The hours of continuing education required for renewal must include a minimum of a two-hour course in prevention of medical errors required by subsection 456.013(7), F.S. The continuing education requirement includes current certification in both cardiopulmonary resuscitation and the use of an automated external defibrillator at the professional rescue level (e.g., Basic Life Support or higher certification) from the American Red Cross, the American Heart Association, American Safety and Health Institute, the National Safety Council, or an entity approved by the Board as equivalent. Athletic trainers who receive an initial license during the 90 days preceding a renewal period shall not be required to complete any continuing education for that renewal period.

(2) For purposes of this rule, an applicant or licensee certified by the Board of Certification (BOC) or its successor during the biennium can demonstrate compliance with the continuing education requirements of this rule by entering his or her BOC certification number and submitting a copy of his or her active certification card in the CE tracking system, along with proof of completion of (a) the prevention of medical errors course, and (b) current cardiopulmonary resuscitation and the use of an automated external defibrillator at the professional rescue level (e.g. Basic Life Support or higher certification).

(3) Acceptable continuing education must focus on the domains of athletic training as defined by the Board of Certification (BOC), including Injury/Illness Prevention and Wellness Promotion, Examination, Assessment and Diagnosis, Immediate and Emergency Care, Risk Reduction, Wellness, and Health Literacy, Assessment, Evaluation, and Diagnosis, Critical Incident Management, Therapeutic Intervention and Healthcare Administration and Professional Responsibility.



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- (4) The following continuing education is approved by the Board:
- (a) Courses, professional development activities, live events, webinars, home study, and publication activities approved by the Board of Certification (BOC);
 - (b) Post-certification courses in athletic training sponsored by a college or university approved by the United States Department of Education which provides a curriculum for athletic trainers. In order to be eligible, a course must be assigned credit hours and be listed on an official transcript. In order for practicum courses, clinical and internship experiences to be eligible, credit hours must be earned and listed as such on an official transcript. Teaching a college course is not acceptable for CE credit. Non-credit college courses are not acceptable for CE credit.
 - (c) A webinar is considered a live event if the provider can track the participant's session activity. If the provider does not have the ability to track the participant's activity, the course is considered a home study.
- (5) Each athletic trainer shall maintain proof of completion of the required continuing education hours for a period of 4 years, and shall provide such proof to the department upon request.
- (6) Submission of the active certification card and other required proof of compliance with these continuing education requirements will certify compliance. Any licensee who fails to maintain continuing education requirements, misrepresents completed requirements or attempts to obtain, obtains, or renews a license to practice athletic training through any fraudulent means shall be considered in violation of this part and subject to disciplinary action outlined in paragraph 64B33-5.001(4)(q), F.A.C.

Rulemaking Authority 456.013, 468.705, 468.711 FS. Law Implemented 456.013(7), 468.711(2) FS. History--New 8-4-98, Formerly 64B30-25.0031, Amended 8-22-00, 3-6-07, 8-12-08, 7-29-09, 1-16-12, 10-2-12, 1-5-16, 4-4-19.

(TS 00:06:20 Minutes) Mr. Stevens brought up the option of modifying the verbiage in the proposed language development to Rule 64B33-2.003(4)(a), F.A.C., from "home study" to "virtual events" to expand the options of acceptable methods available to earn continuing education credit. Dr. Schwartzberg and Ms. Riddle both agreed that this change of verbiage from "home study" to "virtual events" in the proposed language of subsection (4)(a) was a minor and justifiable modification.

b. Rule 64B33-4.001, F.A.C.

CHAPTER 64B33-4 STANDARDS OF PRACTICE	
64B33-4.001	Protocols; Scope of Practice
64B33-4.001 Protocols; Scope of Practice.	
(1) A licensed athletic trainer shall apply principles, methods and procedures within the following domains established by the Board of Certification that provide the foundation of the scope of the athletic trainer's practice.	
(a) Injury and Illness Prevention and Wellness Promotion <u>Risk Reduction, Wellness, and Health Literacy;</u>	
(b) Examination, Assessment and Diagnosis <u>Assessment, Evaluation, and Diagnosis;</u>	
(c) Immediate and Emergency Care <u>Critical Incident Management;</u>	
(d) <u>Therapeutic Intervention;</u>	
(e) <u>Healthcare Administration and Professional Responsibility;</u>	
(2) A licensed athletic trainer shall apply the following principles, methods and/or procedures within the scope of the profession:	
(a) <u>Rehabilitation through the use of safe and appropriate physical rehabilitation practices, including those techniques and procedures following injury or illness and recovery that restore and maintain normal function status;</u>	
(b) <u>Application of principles and methods related to strength training, cardiovascular fitness, and performance enhancement;</u>	
(c) <u>Performance of tests and measurements to prevent, evaluate, clinically diagnose, treat, and monitor acute and chronic injuries, illnesses, or conditions;</u>	
(d) <u>Selection of preventive and supportive devices, temporary splinting and bracing, protective equipment, taping, strapping, and other devices or techniques to protect an injury or condition, facilitate ambulation and restore normal functioning;</u>	
(e) <u>Organization and administration including the development and implementation of strategies and procedures to minimize risk and to promote safety and wellness;</u>	
(f) <u>Recognition of factors related to injuries, illnesses, and conditions within the scope of the profession as well as correcting or modifying inappropriate, unsafe, or dangerous activity;</u>	
(g) <u>Design, review and/or revise policies and procedures related to prevention, care, and rehabilitation as well as emergency action plans to guide appropriate patient care, establish a sound, unified response to events, and to optimize outcomes overall;</u>	
(h) <u>Implementation of appropriate emergency and immediate care procedures to reduce the risk of morbidity and mortality, including core temperature assessment and the application of devices used in emergency care (e.g., tourniquet, airway adjuncts);</u>	
(i) <u>Implementation of systematic, evidence-based examinations and assessments within the scope of the profession to ensure appropriate care, referral and course of action;</u>	
(j) <u>Education and counseling regarding wellness, and the care and the prevention of injury, illness, or conditions, and clinical diagnosis, prognosis, and plan of care within the scope of the profession;</u>	



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- (k) Creating, maintaining, and completing patient care and administrative documentation consistent with professional practice guidelines or requirements;
- (l) Knowledge of professional standards of practice and ethics, and ensure those standards are implemented as part of an athletic trainer's duties and responsibilities;
- (m) Knowledge of basic business principles, policies and procedures, organizational, and resource management.
- (n) Education and guidance regarding nutrition (e.g., supplements, hydration, and dietary recommendations) for safe participation in activity and recovery following an injury, illness, or condition;
- (o) Administer over-the-counter medications for patients 18 years old or older, in accordance with manufacturer instructions, to treat symptoms associated with recognized injury, illness, or conditions.
- (3) For treatment and rehabilitation of musculoskeletal injuries or conditions and to maintain normal function status, the athletic trainer may utilize the following therapeutic interventions:
- (a) Therapeutic Exercise;
- (b) Manual therapy techniques (e.g., myofascial decompression, muscle energy, Massage-massage, joint and soft tissue mobilization treatment with or without instrument assistance);
- (c) Mechanical Devices (e.g., continuous passive motion, isokinetics, treadmill with or without differential air pressure, blood flow restriction, and traction);
- (d) Cryotherapy (e.g., ice, cold packs, cold water immersion, spray coolants, cold compression devices);
- (e) Thermotherapy (e.g., topical analgesics, moist/dry hot packs, heating pads, paraffin bath);
- (f) Other therapeutic agents with the properties of water (e.g., whirlpool); electricity (e.g., electrical stimulation, diathermy); light (e.g., infrared, ultraviolet, laser therapy); air (e.g., intermittent or sustained compression); or sound (e.g., ultrasound, shockwave therapy).
- (4) The athletic trainer may apply topical prescription medications (e.g., steroid, analgesic, or anti-inflammatory preparation for phonophoresis or iontophoresis) only at the direction of a physician.
- (5) The athletic trainer may administer emergency prescription medications and treatments (e.g., Epi-pen, asthma inhaler, Oxygen, insulin, glucose) at the direction of a physician.
- (6) The athletic trainer may treat an abnormal acute or chronic joint dislocation injury using joint reduction techniques at the direction of a physician.
- (7) The athletic trainer may implement wound management techniques for debridement and closure at the direction of a physician.
- (8) The athletic trainer may administer monofilament intramuscular stimulation treatment for trigger points or myofascial pain at the direction of a physician.
- (9) The athletic trainer may perform or obtain the necessary and appropriate diagnostic or laboratory tests (e.g. imaging, blood work, urinalysis, electrocardiogram) to facilitate diagnosis, referral, and treatment planning at the direction of a physician.
- (5)10 A licensed athletic trainer shall report new or recurring injuries or conditions to a physician in the manner requested by the physician.
- (6)11 Nothing herein shall be construed to prevent a person from administering standard first aid treatment. In the absence of a physician being available at a practice, competitive event, or other setting where a licensed athletic trainer is present, the licensed athletic trainer may provide first aid and preventative measures and implement appropriate procedures and strategies for transport and/or referral to a physician's office, hospital, or other healthcare facility.
- (7)12 A licensed athletic trainer shall maintain the following regarding the standards of practice:
- (a) A licensed athletic trainer shall neither practice nor condone discrimination on the basis of race, creed, national origin, sex, age, handicap, disease entity; social status, financial status, or religious affiliation;
- (b) A licensed athletic trainer shall provide competent care consistent with both the requirements and the limitation of the athletic training profession;
- (c) A licensed athletic trainer shall comply with applicable local, state, and federal laws;
- (d) A licensed athletic trainer 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 patient consents to such release or release is permitted or required by law;
- (e) A licensed athletic trainer shall report illegal or unethical practice pertaining to athletic training to the appropriate person or authority;
- (f) A licensed athletic trainer shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, qualifications, identity, or services;
- (g) A licensed athletic trainer employing, supervising, or evaluating the performance of other staff members shall fulfill such responsibilities in a fair, considerate, and equitable manner;
- (h) A licensed athletic trainer shall not practice when their ability is impaired by the use of drugs or alcohol.

Rulemaking Authority 468.705 FS. Law Implemented 468.705, 468.713 FS. History—New 11-17-96, Formerly 61-25.004, 64B30-25.004, Amended 10-4-16, 2-26-18.

(TS 00:12:35 Minutes) Ms. Riddle presented the proposed language and explained that the presented proposed language has been developed to include what the curriculum is currently pointing to within the domains established by the Board of Certification.



(TS 00:15:10 Minutes) Following Ms. Riddle's presentation of the proposed language of subsection (2)(h) of Rule 64B33-4.001, F.A.C., Mr. Stevens requested clarification as to whether the proposed language included any requirement for core temperature assessment using a rectal thermostat at the secondary school level, as this has been a controversial topic amongst different school districts throughout the state. Mr. Stevens further noted that while he would be in favor of this additional requirement, he did not intend to force the added requirement on an individual who may be working in a school district where the district is not allowing them to perform this function in their practice. He added that it was his interpretation that it would not be an additional requirement based upon reviewing the proposed language.

(TS 00:17:15 Minutes) Mr. Jones added that the word "appropriate" which was included in the proposed language of subsection (2)(h) allows the flexibility for the school system or the individual to apply it to the situation and to act accordingly. Dr. Walters added that he agreed with Mr. Jones, and that the word "appropriate" was critical to include in subsection (2)(h).

(TS 00:18:19 Minutes) Ms. Riddle inquired if the other Board members felt that there should be additional information included in the proposed language with more detail pertaining to IV administration and maintaining, or if subsection (2)(h) "the application of devices used in emergency care (e.g., tourniquet, airway adjuncts)" is adequate for its intended purpose. Mr. Stevens then asked Ms. Riddle for clarification on whether she was suggesting that IV fluids should be specifically added to the examples listed in the subsection, adding that he believed the examples listed were generic and broad in what would be acceptable. Ms. Riddle clarified that she is in favor of the broad language being used in this subsection and wanted to verify that the rest of the Board was also in favor of the language in this subsection. Dr. Schwartzberg added that he believed the broader language is good but noted that it might be helpful to add specifics to elucidate the specific devices used in emergency care. Ms. Riddle followed by stating that this topic would also be addressed in 64B33-4.001(5), F.A.C., which would be discussed once the Board reached that portion of review of the proposed language.

(TS 00:23:30 Minutes) Following Ms. Riddle's presentation of the proposed language for Rule 64B33-4.001(3), F.A.C., Mr. Stevens noted that he researched the term "massage", which in the past was used exclusively for the practice of massage therapy. Mr. Stevens stated that after thoroughly researching and reviewing the Massage Therapy Practice Act, he found that a recent change was made which resulted in the term "massage therapy" becoming exclusive to the practice of massage therapy, rather than the term "massage". Mr. Stevens further stated that the use of the term "massage" included in this proposed language is fine as written.

(TS 00:27:00 Minutes) Following Ms. Riddle's presentation of the proposed language for Rule 64B33-4.001(5), F.A.C., Mr. McDougal stated that he was asked by an individual where the administration of Narcan would fit into this proposed language. Ms. Riddle acknowledged that this was included in the practice analysis and that athletic trainers will now be graduating with the knowledge of how to administer Narcan and assess whether an individual is in that crisis. Ms. Riddle then asked the physicians on the Board for input on whether Narcan is only available by prescription or if it is readily available. Dr. Schwartzberg added that he believed it was prescription and controlled, and would be surprised if it was readily available, though he noted that he did not have personal experience with the usage of Narcan. Mr. McDougal stated that a couple weeks prior he completed a course that certified individuals to administer Narcan, and he learned that while it is prescription, it is easily obtainable.

(TS 00:31:25 Minutes) Mr. Stevens added that while he agreed with the discussion as he understands the importance of the availability of Narcan, he wanted to address from the legal standpoint how the inclusion of administering controlled substances such as Narcan would have to be inventoried and managed differently, therefore opening the Board up to additional legal scrutiny.



(TS 00:32:24 Minutes) Ms. Riddle responded to Mr. Stevens' concerns, noting that upon researching she found that Narcan is not a controlled substance and concluded that it does not appear to have potential for abuse. Ms. Riddle further stated that even though she did not think the administration of Narcan must be specifically stated in this proposed language, she believed it would fall under the proposed language for Rule 64B33-4.001(5), F.A.C., to protect licensees' ability to administer this prescription medication as appropriate. Dr. Schwartzberg added that Narcan is available over the counter in 46 states, but that Florida is not one of these states.

(TS 00:35:45 Minutes) Following Ms. Riddle's presentation of the proposed language for Rule 64B33-4.001(7), F.A.C., Mr. McDougal acknowledged the inquiry that had been brought to him about whether in the use of sutures, the area would be deadened, and if that would involve the use of lidocaine or another numbing agent in the application of suturing. Dr. Schwartzberg then stated that he believed this would be a standard part of the application of suturing, and that individuals who are trained in the application of suturing should know how to anesthetize the area. Dr. Schwartzberg added that he believed this was all-inclusive in the proposed language, which Ms. Riddle and Mr. McDougal ultimately agreed with, stating that the use of broader language was appropriate.

(TS 00:41:00 Minutes) Ms. Riddle presented the proposed language for Rule 64B33-4.001(8), F.A.C., and inquired if the Board members wanted to contribute to the discussion. Mr. Stevens stated that he believed the inclusion of the word "may" in this item allows for flexibility for the athletic trainer and their physician to be able to provide these services as appropriate based on the present conditions without forcing them to do so.

(TS 00:44:13 Minutes) Ms. Riddle noted that importance of the proposed language for Rule 64B33-4.001(9), F.A.C., and stated that athletic trainers were restricted from participating in administering testing during the height of the COVID-19 pandemic. Mr. McDougal shared that the question had been brought up to him as to whether this item would allow for athletic trainers to be able to order imaging tests. Ms. Riddle noted that this item includes the verbiage, "at the direction of a physician." Ms. Riddle added that many athletic trainers work in a clinical setting, placing orders as directed by the physician. Dr. Schwartzberg added that he believes the proposed language is appropriate.

(TS 00:47:40 Minutes) Ms. Riddle acknowledged that the following items listed in the proposed language were renumbered to allow for the clarification items added to the proposed language development to scope of practice. Ms. Riddle brought up the possibility of adding a new item specifically related to where athletic trainers can practice to the proposed language as item twelve (12), which would result in the currently proposed language for item twelve (12) becoming item thirteen (13). Mr. Stevens noted his concerns that based on the statutory definitions of athletic training, where an athletic trainer works is essentially where their patient base is located, therefore specifying a set of acceptable locations may potentially exclude future locations.

(TS 00:50:45 Minutes) Mr. Stevens followed by suggesting the possibility of developing the language in a way that it refers to the Practice Act so that this topic does not have to be revisited every few years as athletic trainers begin to work in different settings. Ms. Riddle stated her concerns that she did not want athletic trainers to be excluded from being able to work in certain settings beyond an exclusive list. Ms. Riddle presented some of the proposed language that was provided to her in relation to this topic. Mr. Jones added that he would also be hesitant to provide a specific list of locations, for the same reasoning that this could result in some locations being excluded if they were not also specified. Ms. Riddle reread the proposed language for this item, "nothing herein shall be construed to limit the physical locations or facilities at which the athletic trainer may provide the services identified herein."



(TS 00:57:00 Minutes) Dr. Schwartzberg, Mr. McDougal, and Mr. Stevens each acknowledged that they were in favor of the aforementioned proposed language rather than a list of specific locations. Mr. McDougal requested Dr. Walters' input, as he works in many of these different settings. Dr. Walters added that while he felt that the broader statement would be appropriate, he agreed that hospital administrators tend not to have a full vision of where athletic trainers fit into the organizational structure of various settings that have developed over the years. Dr. Walters further stated that while he does not know what additional workplace settings will be developed for athletic trainers in the future, he felt that the ability to practice should not be limited in the sense that as new workplace settings develop in the years that follow, athletic trainers should be able to practice in them if it is appropriate to do so.

(TS 01:01:33—01:09:30 Minutes) Ms. Riddle and Dr. Schwartzberg had additional discussion involving the potential presence of athletic trainers working in hospital surgery centers.

III. PUBLIC COMMENTS

(TS 01:10:26 Minutes) Patricia Tripp, President of ATAF provided commentary expressing her appreciation of the Board taking the time to review and discuss the proposed language. Ms. Tripp further stated that the discussion that took place during this meeting seemed very productive and representative of where the profession of athletic training is currently and offered additional clarity on the topics discussed during the July meeting.

64B33-2.003 Requirements for Continuing Education.

(1) In the 24 months preceding each biennial renewal period, every athletic trainer licensed pursuant to chapter 468, Part XIII, F.S., shall be required to complete 24 hours of continuing education in courses approved by the Board. However, athletic trainers who receive an initial license during the second half of the biennium shall be required to complete only 12 hours of continuing education in courses approved by the Board prior to renewal. The hours of continuing education required for renewal must include a minimum of a two-hour course in prevention of medical errors required by subsection 456.013(7), F.S. The continuing education requirement includes up to three (3) hours towards current certification in both cardiopulmonary resuscitation and the use of an automated external defibrillator at the professional rescue level from the American Red Cross, the American Heart Association, American Safety and Health Institute, the National Safety Council, or an entity approved by the Board as equivalent. A CPR/AED certificate of completion must display the number of credit hours awarded for the course, and then self-reported to CE Broker. A certificate of completion without the number of credit hours awarded on it, will not count for continuing education credit. Athletic trainers who receive an initial license during the 90 days preceding a renewal period shall not be required to complete any continuing education for that renewal period.

(TS 01:11:33 Minutes) Mr. Stevens brought up the question that had been raised to him by licensees concerning being awarded only one hour of continuing education credit following completion of a three-hour CPR continuing education course and stated that there seems to be a variance in the credit being awarded versus the actual length of the course being completed for renewal of licensure. Mr. Stevens suggested the possibility of modifying the verbiage in Rule 64B33-2.003(1), F.A.C, to include "up to three (3) hours" as well as including the additional proposed language (displayed in red text).

(TS 01:15:35 Minutes) Mr. McDougal requested clarification as to where the aforementioned CEs would be getting reported, as the majority of athletic trainers now use their valid Board of Certification for the Athletic Trainer (BOC) cards for renewal and are only required to show proof of completion of continuing education in medical errors and CPR. Mr. Pottschmidt offered input that the requirement for athletic trainers to be BOC-certified was relatively recent, though he did not have the exact date available to provide at that time. Mr. Pottschmidt further explained that for athletic trainers who were licensed prior to that point, the BOC certification would not be required, meaning that for those licensees to renew they would have to meet the current continuing education requirements for renewal of 24 hours per biennium.

(TS 01:15:35 Minutes) Dr. Walters noted that the CPR course is part of the base requirements to maintain BOC certification, and that there is no CE for CPR because it is a base requirement.



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Dr. Walters added that it is his understanding that there is only one athletic trainer in the state of Florida that fits into the category that was described who may not be BOC-certified but is licensed. Dr. Walters inquired if this is indeed the case, would the requirements for continuing education then need to be modified once that individual exits the profession.

IV. NEXT MEETING DATE – September 13, 2022 @ 7:30 a.m. – Microsoft Teams Meeting

Ms. Irving reminded the Board members that on August 1, a survey was sent out for the Long-Range Planning Chair/Vice-Chair Meeting which is coming up in January 2023. She explained that the purpose of this survey is to receive input from the Board members on the strategic planning for the next five years. Ms. Irving requested that the Board members complete the survey prior to the due date of September 1, 2022.

Ms. Irving inquired if the Board members were satisfied with the proposed language for Rule 64B33-2.003, F.A.C., stating that this will be placed on the agenda for the September 13, 2022, meeting. She noted that if the Board members wished to make any changes to the proposed language, they would be able to do so prior to that date.

Mr. Pottschmidt added that he agreed with Mr. McDougal's previous comments that the vast majority of active athletic trainers are required to be BOC-certified, and that it is only a very small percentage that were licensed prior to that date when BOC was not certified that rely on continuing education hours to satisfy the requirements for their license renewal. Mr. Pottschmidt further stated that to Dr. Walters' point, in the future there may come a time where there are no longer any active athletic trainers who were licensed prior to the date that BOC certification became required. Mr. Pottschmidt stated that the Board could then address this rule and say that it no longer applies because there are no active licensees whose licenses were issued prior to that date. Mr. Pottschmidt stated that he will have that specific date to provide at the next meeting.

V. ADJOURNMENT @ 9:53 a.m. EST

Motion: by Mr. Stevens to adjourn.
Second: by Mr. McDougal.
Vote: passed unanimously.