**CATA-CAAD Athletic Trainer Clearinghouse**

I would like to be included in the CATA-CAAD Athletic Trainer Clearinghouse database. By completing this form, I agree and understand that:

* It is my personal responsibility to maintain professional liability insurance.
* The clearinghouse per diem rate is $35-50/hour. I agree to negotiate within that range when contacted by an Athletic Director who is utilizing the clearinghouse.
* Participation in this clearinghouse does not preclude me from accepting other per diem employment elsewhere.
* I will not accept any employment if my AT license lapses for any reason.
* If I no longer wish to participate in the clearinghouse, I must send an e-mail to: information@ctathletictrainers.org, stating that I wish to opt out of the clearinghouse.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best contact number (cell preferred): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the following information:

NATA member number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BOC certification number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CT Athletic Trainer license number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_