New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Medical Examiners
Athletic Training Advisory Committee
140 East Front Street, 3rd Floor, P.O. Box 183
Trenton, New Jersey 08625
(609) 826-7100

Employment Verification Form

Applicant's name: _____
Last name First name Middle initial

Employer's name: _____

Employer's address: _____
Street City State ZIP code

Employer's telephone number: _____
include area code

1. What position did this Athletic Trainer hold when employed by you? _____

2. What were the dates of employment for this Athletic Trainer? From: _____ to: _____.

3. Did this Athletic Trainer leave your employment in good standing? ☐ Yes ☐ No

4. Was this Athletic Trainer on probation, suspended or in any way sanctioned/disciplined while employed by you? ☐ Yes ☐ No

   If "Yes," please explain. _____
   _____
   _____

5. Was this Athletic Trainer granted a leave of absence while employed by you? ☐ Yes ☐ No

6. Were any restrictions placed on this Athletic Trainer's activities which were not placed on all other employees holding similar positions? ☐ Yes ☐ No

   If "Yes," please explain. _____
   _____
   _____

7. Were any formal staff complaints ever filed against this Athletic Trainer? ☐ Yes ☐ No

   If "Yes," please explain. _____
   _____
   _____

8. Were any incident reports filed involving the professional conduct or behavior of this Athletic Trainer? ☐ Yes ☐ No

   If "Yes," please explain. _____
   _____
   _____

9. Was this Athletic Trainer ever subject to nonroutine monitoring while in your employment? ☐ Yes ☐ No

   If "Yes," please explain. _____
   _____
   _____

10. Was this Athletic Trainer removed from the schedule for cause? ☐ Yes ☐ No

    If "Yes," please explain. _____
    _____
    _____

11. Was this Athletic Trainer subject to nonroutine quality assessment review? ☐ Yes ☐ No

    If "Yes," please explain. _____
    _____
    _____

12. Did quality assessment review of this Athletic Trainer ever result in a negative finding? ☐ Yes ☐ No

    If "Yes," please explain. _____
    _____
    _____

13. Were any malpractice actions filed naming this Athletic Trainer as a defendant based on actions during his/her period of employment by you? ☐ Yes ☐ No

    If "Yes," please explain. _____
    _____
    _____

14. Would you consider rehiring this Athletic Trainer? ☐ Yes ☐ No

Please print the name of the person/employer supplying information:_____

Signature of the person/employer supplying information: _____

Date form was completed: _____

Once this form has been completed, please email it back to the Board of Medical Examiners, Athletic Training Advisory Committee at: BMEAT@dca.lps.state.nj.us