Last Year’s Model: Has “Certification” Outlived Its Usefulness?

The athletic training profession has spent the past 15 years undergoing extensive entry-level, postprofessional, and continuing “education reform.” Although this is an ongoing process, we are at the point where we must begin to critically review the professional outcomes of professional entry—certification and licensure.

The professional certification of athletic trainers was instituted in 1969 by the National Athletic Trainers’ Association (NATA). In the 42 years since the inception of certification, the certifying agency has undergone several significant transformations, most notably in June 1989, when it moved from an NATA committee to an independent certifying agency, the NATA Board of Certification, Inc. (BOC). The BOC has dutifully protected the public by assuring quality, establishing an accredited certification process for entry-level professionals, and maintaining quality assurance by requiring ongoing continuing education of its certificants. The early 2000s saw improved synergy between the Joint Review Committee–Athletic Training/Commission on the Accreditation of Athletic Training Education and the BOC.

As the athletic training profession continues to improve its place in the health care community, it is time to ask 2 important questions:

- Should “certification” of athletic trainers continue?
- Should the ATC® continue to be the benchmark of professional endorsement?

I suggest that the answer to each of these questions is “No.”

With few exceptions, certification is granted to technical health care professions (eg, medical assistants, electrocardiogram technicians, and emergency medical technicians) and office and clerical positions (eg, billing and coding specialists, medical transcriptionists, and medical administrative assistants). Physician assistants and some forms of nursing still rely on certifications; but the PA-C mark is recognized as the state credential. Certifications are most often granted either by an external agency, such as the BOC in the case of athletic training, or by the organization itself, such as how the National Auto Parts Association certifies mechanics. Within health care and medicine, certifications are most commonly used to delineate advanced areas of training, such as a physician who is board certified in sports medicine. Rarely in clinical health care or medicine is certification used as the entry-level benchmark.

Our right and ability to practice is ultimately regulated by the state. In the best case scenario, this takes the form of licensure, but it may also manifest via state certification or registration (Figure). With 48 states currently having some form of athletic training regulation, it is time to reconsider the use of the ATC® mark as our signature of qualification and practice.
credential. Rather, the emphasis must reflect required state nomenclature, most frequently LAT (licensed athletic trainer) or, simply, AT (athletic trainer). The mark identified by the state gives us our right and ability to practice our profession in that state.

Is this suggesting the end of the BOC and their administration of the entry-level examination and continuing education requirements? Absolutely not. The most important function that the BOC serves is administering a common examination that is used to obtain state licensure. Each state regulating the practice of athletic trainers accepts the BOC examination as the standardized national licensing examination.

The key to this discussion is differentiating between the BOC certifying that an individual has passed the certification examination, the ATC® credential, and practice credentials. Certification, among other things, requires a passing score on the examination. “ATC” is a registered certification mark. The right to use the ATC® mark is bestowed upon those individuals who have met the BOC’s certification requirements. It is, in essence, a licensing agreement no different than what Major League Baseball grants to companies to use the MLB® mark on its products. The ATC® mark is owned by the NATA and licensed to the BOC, which, in turn, grants individuals who meet their certification requirements permission to use this mark after their name.

Most practice acts have language such as, “Verification from the board of certification or its successor that the applicant passed their certification exam.” In no case does the law explicitly require the ATC® as a prerequisite for licensure. This assures consistency in the measure of quality needed to obtain state licensure from state to state and avoids the redundancy of each state having its own licensing examination, each with varying levels of quality and sophistication. This model is used by other clinical health care professions.

The BOC would continue to administer the entry-level athletic training examination and help to assure continuing competence through its continuing education requirement. However, when a candidate passes the entry-level examination, a letter verifying passing—rather than the ATC® certificate—would be awarded. This verification would be used by state regulatory agency as proof of passing the BOC’s examination. The BOC can also continue to provide true certifications (beyond the entry level) for specialty areas that arise within our profession.

This is not to imply that the ATC® mark would disappear. ATC® is owned by the NATA and would be used by NATA members who have passed the BOC’s examination to show their membership status. In those states that still do not have a practice act, this change can provide the impetus to help move their legislation through the legislative process.

Although monumental efforts have been made to obtain full licensure in 39 states, we must recognize that this task is far from complete. Two states are completely devoid of regulation, and 9 others have certification, registration, or exemption—all short of the licensure gold standard. Significant professional effort must be placed on standardizing the licensure acts that are currently in place, many of which erroneously (and perhaps unlawfully) restrict our professional practice.

When demonstrating our professional qualifications, we must shift our identity from ATC® to AT or the credential that is recognized by the state. When referencing athletic trainers, the “AT” designation should be made. These changes are essential steps to fit into the mainstream of health care. Our past is founded on the certification of our professionals; our future necessitates the emphasis of licensure.