

**CERTIFICATION TO GEORGIA SOCCER OF REQUIRED LICENSURE AND
TRAINING OF GEORGIA LICENSED HEALTH CARE PROVIDERS**

This Certificate must be completed before the Health Care Provider is certified to work any Georgia Soccer sanctioned event and must be renewed each playing season.

I, the undersigned Georgia Licensed health care provider (HCP) do certify that I am certified to assess, treat and provide medical opinion to any injured player during my contract term with Georgia Soccer/Affiliate club.

I further certify that I am trained to perform the latest version of the SCAT and modified BESS concussion evaluation and management skill sets and certification documents are attached.

I further certify that I am working under the direct supervision of a Georgia Licensed physician as provided below:

PHYSICIAN NAME _____

CONTACT ADDRESS _____

CITY _____ STATE _____ ZIP _____

GA. LICENSE _____

CONTACT PHONE () _____

HEALTH CARE PROVIDER INFORMATION

HCP NAME _____

TITLE _____ GA. LICENSE _____

AGENCY NAME _____

CONTACT ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PHONE () _____ ALTERNATE () _____

HCP SIGNATURE _____ DATE _____