Eta New York
Depatman-Deta
State Athletic Commission
123 William Street
New York, NY 10038-3804
Telefòn: (212) 417-5700
www.dos.ny.gov/athletic

New York State Athletic Commission

APPLICATION FOR PROFESSIONAL BOXER LICENSE
APLIKASYON POU LISANS BOKSÈ PWOFESYONÈL

***Read** the instructions carefully before completing the application. Incomplete applications will be returned, delaying licensure. Any omission, inaccuracy or failure to make full disclosure in an application or supporting documentation may be deemed sufficient reason to deny a license, or, if a license is issued could result in the suspension or revocation of a license.*

***Li** enstriksyon yo avèk anpil atansyon anvan ou ranpli aplikasyon an. N ap retounen aplikasyon ki pa fin ranpli yo, epi sa ap lakòz ou jwenn reta pou resevwa lisans ou. Si ou manke mete yon enfòmasyon, si ou mete enfòmasyon ki pa gen presizyon oswa si ou pa bay tout enfòmasyon yo nan yon aplikasyon oswa si ou pa bay tout dokiman sipò, nou ka gen rezon ki ase pou ba ou refi pou yon lisans, oswa, si nou ba ou yon lisans, nou kapab sispann li oswa anile li.*

What is a Professional Boxer?
Kisa yon Boksè Pwofesyonèl ye?

New York State law (Title 25 of the Unconsolidated Laws) defines a professional boxer as: "one who competes for a money prize or teaches or pursues or assists in the practice of boxing as a means of obtaining a livelihood or pecuniary gain… ."(NY Uncon. § 8907)

Lwa Eta New York (Tit 25 Lwa Non-Konsolide) defini yon boksè pwofesyonèl kòm: "yon moun k ap fè konpetisyon pou yon prim lajan oswa k ap anseye bòks oswa ki nan yon karyè bòks oswa k ap ede nan pratik bòks kòm yon mwayen pou chèche lav li oswa pou touche lajan… ."(NY Uncon. § 8907)

What is the fee and term for a Professional Boxer?
Ki frè ak kondisyon ki genyen pou yon Boksè Pwofesyonèl?

The application fee for a Professional Boxing license is $10.00 and is valid until September 30th of the year which the license is granted.

Frè aplikasyon pou yon lisans Bòks Pwofesyonèl se $10.00 dola epi li valab jiska 30 septanm ane nou bay lisans lan.

When can I apply for a license?
Kilè mwen kapab aplike pou yon lisans oswa?

In order to be granted a license or permit you must first be scheduled to appear on a professional boxing card and pass rigorous medical exams, accordingly, you should not submit this application until you have been conditionally approved to box by the Commission.

Pou nou ba ou yon lisans oswa, ou dwe toudabò pran yon randevou pou mete foto ou sou yon kat bòks pwofesyonèl epitou pou pase egzamen sevè, poutèt sa, ou pa ta dwe soumèt aplikasyon sa a jouk lè Komisyon an apwouve ou sou kondisyon pou pratike bòks.

Child Support Statement section of the application
Seksyon aplikasyon an ki gen Rapò konsènan Sipò Timoun

The Child Support Statement is mandatory in New York State (General Obligations Law) regardless of whether or not you have children or any support obligation.

Rapò konsènan Sipò Timoun obligatwa nan Eta New York (Lwa sou Obligasyon Jeneral) kit ou gen pitit kit ou pa genyen, oswa kit ou gen nenpòt obligasyon pou peye sipò kit ou pa genyen.

Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver's licenses suspended.

Si yon moun dwe kat (4) mwa oswa plis mwa nan aryere peman nan sipò timoun, nou ka sispann lisans biznis, lisans pwofesyonèl ak lisans chofè moun sa a.

The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a Class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

Si ou fè espre pou bay yon fo deklarasyon alekri pou twonpe oswa dekouraje egzekisyon legal obligasyon pou peye sipò, ou ka tonbe anba pinisyon dapre §175.35 Lwa Penal. Si ou bay yon fo dokiman pou mete nan dosye ou nan yon ajans gouvènman leta oswa lokal avèk entansyon pou fè fwod, ou fè yon krim Klas E.

PRIVACY NOTIFICATION
AVI SOU PWOTEKSYON ENFÒMASYON PRIVE

Do I need to provide my Social Security number on the application?
Èske mwen dwe bay nimewo Sekirite Sosyal mwen sou aplikasyon an?

Yes. The State Athletic Commission is required to collect the Social Security numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. The authority to request this information is also provided by 19 NYCRR § 207.7(a)(1). This information will be maintained in the Licensing Information System by the Commission, at 123 William Street, New York, NY 10038-3804.

Wi. Komisyon Espòtif Eta (State Athletic Commission) gen obligasyon pou pran nimewo Sekirite Sosyal tout moun k ap resevwa lisans yo. Nou jwenn otorizasyon pou mande epi konsève enfòmasyon pèsonèl sa yo nan §5 Lwa Fiskal ak §3-503 Lwa sou Obligasyon Jeneral (General Obligations Law). Ou gen obligasyon pou bay enfòmasyon yo. Nou pran enfòmasyon yo pou pèmèt Depatman Taksasyon ak Finans (Department of Taxation and Finance) idantifye moun, biznis ak lòt moun ki anreta nan deklarasyon taks sou revni yo oswa ki te ka pa estime obligasyon fiskal yo ase epi anjeneral pou idantifye moun taks afekte ki anba kontwòl Manm Komisyon Taksasyon ak Finans. N ap itilize enfòmasyon yo pou administrasyon taks ak pou nenpòt lòt objektif ki otorize anba Lwa Fiskal (Tax Law), epitou ajans egzekisyon sipò timoun oswa reprezantan otorize eta sa a oswa lòt eta ka itilize enfòmasyon yo dapre Tit IV-D Lwa sou Sekirite Sosyal (Social Security Act), pou detèmine, modifye oswa egzekite yon lòd sipò, men enfòmasyon yo p ap disponib pou piblik la. Yon eksplikasyon alekri obligatwa kote ou pa bay nimewo a. Otorizasyon pou mande enfòmasyon sa yo endike tou nan 19 NYCRR § 207.7(a)(1). Komisyon an ap konsève enfòmasyon sa yo nan Sistèm Enfòmasyon sou Fason yo Bay Lisans (Licensing Information System), nan adrès 123 William Street, New York, NY 10038-3804.

Do I need to be fingerprinted to be a licensed boxer?
Èske yo dwe fè anprent dijital mwen pou mwen vin yon boksè ki lisansye?

Yes, to be a licensed professional boxer you must be fingerprinted (NY Unconsolidated Laws § 8911). Your application cannot be approved until your fingerprint results have been returned to the Commission.

Wi, pou vin yon boksè pwofesyonèl ki gen lisans, ou dwe fè anprent dijital ou (Lwa Non-Konsolide New York § 8911). Nou pa kapab apwouve aplikasyon ou jouk lè ou retounen rezilta anprent dijital ou ba Komisyon an.

PLEASE TAKE NOTICE THAT SUBMITTING THIS APPLICATION DOES NOT GUARANTEE YOU WILL BE AUTHORIZED TO ENGAGE IN A PROFESSIONAL BOXING CONTEST.

TANPRI SONJE MENMSI OU REMÈT APLIKASYON SA A SA PA GARANTI W AP JWENN OTORIZASYON POU PATISIPE NAN YON KONPETISYON BÒKS PWOFESYONÈL.

PLEASE DO NOT RETURN THIS COVER PAGE WITH YOUR APPLICATION.
- THANK YOU -

TANPRI PA RETOUNEN PAJ KOUVÈTI SA A ANSANM AVÈK APLIKASYON OU. - MÈSI -

Eta New York
Depatman-Deta
State Athletic Commission
123 William Street
New York, NY 10038-3804
Telefòn: (212) 417-5700
www.dos.ny.gov/athletic

NEW YORK STATE OF OPPORTUNITY. | **New York State Athletic Commission**

APPLICATION FOR PROFESSIONAL BOXER LICENSE
APLIKASYON POU LISANS BOKSÈ PWOFESYONÈL

PART A
PATI A

Read the instructions before completing this application.
Li enstriksyon yo anvan ou ranpli aplikasyon sa a.
You must answer each question and PRINT responses in ink.
Ou dwe reponn chak kesyon epitou ou dwe EKRI repons yo an LÈT DETACHE avèk plim.

APPLICANT'S NAME NON MOUN KI APLIKE AE	LAST NON FANMI	FIRST PRENON	MI M	SUFFIX TIT

APPLICANT'S HOME ADDRESS — NUMBER AND STREET (P.O. BOX MAY BE ADDED TO ENSURE DELIVERY)
ADRÈS KAY MOUN KI APLIKE A — NIMEWO AK RI (OU KA METE BWAT POSTAL POU ASIRE LIVREZON LISANS LAN)

CITY VIL	STATE ETA	ZIP + 4 KÒD POSTAL + 4

COUNTY KONTE	COUNTRY PEYI

SOCIAL SECURITY NUMBER (See Privacy Notification) NIMEWO SEKIRITE SOSYAL (Gade Avi sou Pwoteksyon Prive)	DATE OF BIRTH (month, day, year) DAT OU FÈT (mwa, jou, ane)	DAYTIME PHONE (REQUIRED; if problem with application) TELEFÒN POU KONTAKTE OU LAJOUNEN; (obligatwa; si ou gen pwoblèm Enfòmasyon avèk aplikasyon an)

E-MAIL ADDRESS (REQUIRED)
ADRÈS IMÈL (OBLIGATWA)

Background Information — *You must complete this section. If you do not complete it, your application will be returned.*
Enfòmasyon Jeneral — *Ou dwe ranpli seksyon sa a. Si ou pa ranpli seksyon sa a, n ap voye aplikasyon ou retounen ba ou.*

1) Have you ever been issued either a New York State Professional Boxing License or Permit?
Èske ou te janm resevwa yon Lisans oswa Pèmi Bòks Pwofesyonèl Eta New York?
Yes ☐ **No** ☐ **➔IF "YES,"** check appropriate box: ☐ License ☐ Permit
Wi **Non** **➔SI OU REPONN "WI,"** koche kaz ki apwopriye a: Lisans Pèmi

2) Have you ever been convicted in this state or elsewhere of **any** criminal offense that is a misdemeanor or felony?
Èske lajistis te janm kondane ou nan eta a oswa lòt kote pou **nenpòt** zak kriminèl ki se yon deli oswa yon krim?
Yes ☐ **No** ☐ **➔IF "YES,"** provide an explanation.
Wi **Non** **➔SI OU REPONN "WI,"** bay yon eksplikasyon.

3) Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere?
Èske gen nenpòt akizasyon kriminèl (deli oswa krim) ki pandye sou tèt ou nan nenpòt tribinal nan eta sa a oswa lòt kote?
Yes ☐ **No** ☐ **➔IF "YES,"** provide an explanation.
Wi **Non** **➔SI OU REPONN "WI,"** bay yon eksplikasyon.

4) Has **any** (not limited to boxing) license or permit issued to you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied?
Èske yo te anile, sispann oswa refize **nenpòt** lisans oswa pèmi (ki pa pou bòks sèlman) pou ou oswa pou yon konpayi kote ou se oswa te yon direktè nan Eta New York oswa lòt kote?
Yes ☐ **No** ☐ **➔IF "YES,"** provide an explanation.
Wi **Non** **➔SI OU REPONN "WI,"** bay yon eksplikasyon.

APPLICATION FOR PROFESSIONAL BOXER LICENSE
APLIKASYON POU LISANS BOKSÈ PWOFESYONÈL

Child Support Statement
Rapò konsènan Sipò Timoun

By signing this application, I certify that as of the date of this application, I am not under an obligation to pay child support **OR** if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

Depi mwen siyen aplikasyon sa a, mwen konfime apati dat ki nan aplikasyon sa a, mwen pa anba okenn obligasyon pou peye sipò timoun **OSWA** si mwen anba yon obligasyon pou peye sipò timoun, mwen pa reta kat (4) mwa oswa plis mwa nan aryere nan peman sipò timoun, oswa m ap fè peman avèk egzekisyon sou revni oswa dapre plan peman oswa plan re-peman tribinal egzije oswa dapre plan toulède moun ki konsène yo dakò oswa obligasyon mwen pou peye sipò timoun ka depannde yon pwosedi tribinal ki annatant, oswa m ap resevwa èd piblik oswa revni sekirite siplemantè.

Professional Boxing Information
Enfòmasyon sou Bòks Pwofesyonèl

You must complete this section. If you do not complete it, your application will be returned.

Ou dwe ranpli seksyon sa a. Si ou pa ranpli seksyon sa a, n ap voye aplikasyon ou retounen ba ou.

1. Normal boxing weight: .....
   Gwosè nòmal pou bòks:
2. Height: .....
   Wotè:
3. Ring name (if applicable): .....
   Non ring (si ou gen youn):
4. Distinguishing marks: …….....
   Mak ki distenge ou:
5. Have you ever been disqualified in any contest or disciplined by the State Athletic Commission of New York or by any other Athletic Commission for any cause whatsoever?
   Èske ou te janm pèdi kalifikasyon ou nan nenpòt konpetisyon oswa èske ou te janm anba disiplin Komisyon Espòtif Eta (State Athletic Commission) New York oswa nenpòt lòt Komisyon Atletik pou nenpòt ki kalite rezon an?
   Yes ☐ **No** ☐ ➔**IF "YES,"** (If yes on a separate sheet of paper please provide a detailed explanation).
   Wi **Non** ➔**SI OU REPONN "WI,"** (Si ou reponn wi sou yon fèy papye apa, tanpri bay yon eksplikasyon detaye).
6. At what gym are you currently training? (provide name, address and phone number of gym): ……
   Nan ki jimnazyòm w ap antrene kounye a? (bay non, adrès ak nimewo telefòn jimnazyòm nan):
7. Manager's name (if applicable): …….....
   Non manadjè a (si gen youn):
8. Manager's address and telephone: …….....
   Adrès ak telefòn manadjè a:
9. Name of trainer (if applicable): ……...
   Non antrenè a (si gen youn):
10. Name of Promoter (if applicable): ……..….
    Non Pwomotè (si gen youn):

Applicant Affirmation - I subscribe and affirm under the penalties of perjury that the statements made in this application (including statements made in any accompanying papers) have been examined by me, and to the best of my knowledge and belief, are true and correct. I understand that any misstatement made on this application for approval could result in disciplinary action, including but not limited to: suspension, revocation and/or fines.

Konfimasyon Moun ki Aplike a - Mwen dakò epi mwen konfime anba menas sanksyon pou fo temwayaj, mwen te egzamine deklarasyon mwen fè nan aplikasyon sa a (tankou deklarasyon mwen fè nan papye ki akonpaye yo), epitou dapre tout sa mwen konnen ak kwè, enfòmasyon sa yo vrè ak kòrèk. Mwen rekonèt nenpòt erè mwen fè sou aplikasyon sa a pou apwobasyon kapab lakòz mwen tonbe anba mezi disiplinè, tankou men pa sèlman: sispansyon, anilasyon ak/oswa amann.

"HEALTH AND SAFETY DISCLOSURE"
"DIVILGASYON ENFÒMASYON SOU SANTE AK SEKIRITE"

As per the Muhammad Ali Boxing Reform Act (15 USC § 6305[c] [2000]), it is the sense of Congress that each boxing commission should present to every professional boxer a health and safety disclosure upon issuance of a Federal Identification Card. In addition to such disclosure, the New York State Athletic Commission believes that it is in the best interest of boxing to include a health and safety disclosure with every professional boxer license application filed in the State of New York.
Dapre Lwa Muhammad Ali sou Refòm nan Bòks (Muhammad Ali Boxing Reform Act) (15 USC § 6305[c] [2000]), Kongrè a egzije pou chak komisyon bòks ta dwe prezante ba chak boksè pwofesyonèl enfòmasyon sou sante ak sekirite lè yo bay boksè yo yon Kat Idantifikasyon Federal. Anplis enfòmasyon sa yo, Komisyon Atletik Eta New York (New York State Athletic Commission) kwè li nan pi bon enterè bòks la pou mete ajoute enfòmasyon sou sante ak sekirite avèk aplikasyon pou lisans boksè pwofesyonèl la yo fè nan Eta New York.

As a professional boxer you should be aware that this sport includes many health and safety risks, including but not limited to the risk of brain injury. Therefore, is it strongly recommended that every professional boxer periodically undergo the necessary medical exams and procedures that detect brain injury. In connection with this license application, certain specific medical exams and procedures intended to detect brain injury and other medical conditions contraindicated for professional boxing may be required by the State Athletic Commission. If you need further information about these exams, please contact the New York State Athletic Commission.
Lè ou se yon boksè pwofesyonèl, ou ta dwe konnen espò sa a gen ladan anpil risk pou sante ak sekirite ou, tankou men pa sèlman risk pou pran chòk nan sèvo. Poutèt sa, nou rekòmande toutbon pou chak boksè pwofesyonèl fè egzamen medikal chak peryòd ak pwosedi ki detekte si yo pran chòk nan sèvo. Anrapò avèk aplikasyon pou lisans sa a, Komisyon Atletik Eta a (State Athletic Commission) ka egzije sèten egzamen medikal ak pwosedi ki la pou detekte chòk nan sèvo ak lòt pwoblèm medikal yo kont-endike pou bòks pwofesyonèl. Si ou bezwen plis enfòmasyon sou egzamen sa yo, tanpri kontakte Komisyon Atletik Eta New York (New York State Athletic Commission).

I affirm that I understand the above statement.
Mwen konfime mwen konprann deklarasyon ki endike anwo a.

X _____ _____
Boxer's Signature *Date:*
Siyati Boksè a *Dat la:*

FOR COMMISSION USE ONLY:
SEKSYON SA A SE POU KOMISYON ITILIZE SÈLMAN:

License Number: _____
Nimewo Lisans:

New York State Athletic Commission

PART B
PATI B

Boxer Medical Releases and Disclosure Sections-
Seksyon pou Enfòmasyon Medikal ak Divilgasyon Enfòmasyon-

(Information provided in Part B will be maintained in each boxer's medical file)
(Enfòmasyon ou bay Pati B ap rete nan dosye medikal chak boksè)

NEW YORK STATE ATHLETIC COMMISSION DRUG ABUSE AND STEROID POLICY
RÈGLEMAN KOMISYON ATLETIK ETA NEW YORK SOU ABI DWÒG AK ESTEWOYID

I. **The New York State Athletic Commission (NYSAC) requires that every boxer, as part of his/her medical examination, submit to drug and/or steroid screening in a manner directed by the NYSAC. In addition, NYSAC reserves the right to direct any licensed Boxer to submit to drug and/or steroid screening at any time during the period of licensure without prior notice to the Boxer, in accordance with NY Unconsolidated Laws § 8925[3].**
Komisyon Atletik Eta New York [New York State Athletic Commission (NYSAC)] egzije pou chak boksè, nan egzamen medikal li, soumèt rezilta tès depistaj pou itilizasyon dwòg ak/oswa estewoyid nan yon mannyè NYSAC mande. Answit, NYSAC gen dwa pou mande nenpòt Boksè ki gen lisans pou li fè tès depistaj pou abi dwòg ak/oswa estewoyid nenpòt lè pandan peryòd li gen lisans lan san preyavi pou Boksè a, dapre § 8925[3] Lwa Non-Konsolide New York.

II. **Use of controlled substances, as defined by the New York Penal Law and Public Health Law, are forbidden and may lead disciplinary action, including but not limited to: suspension, revocation, forfeiture of purse, modification of a boxing result and/or fines. Such penalties may be imposed upon any licensee or permit holder responsible for the abuse of such drugs and/or illicit substances as determined by NYSAC.**
Gen entèdiksyon pou itilize sibstans kontwole, jan Lwa Penal New York ak Lwa sou Sante Piblik defini sa, epitou sa ka lakòz ou tonbe anba mezi disiplinè, tankou, men pa sèlman: sispansyon, anilasyon, konfiskasyon rekonpans, modifikasyon yon rezilta match bòks ak/oswa amann. Nou ka enpoze sanksyon sa yo sou nenpòt moun ki gen lisans oswa pèmi epi ki responsab pou abi dwòg ak/oswa sibstans ilegal, jan NYSAC detèmine sa.

III. **If any prohibited drugs and/or substances are detected such boxer may be precluded from boxing within the State and have the results of any such previous bout modified to a "no contest."**
Si nou detekte nenpòt dwòg ak/oswa sibstans ki entèdi, boksè sa a ka jwenn entèdiksyon pou pa pratike bòks nan Eta a epitou nou ka modifye rezilta nenpòt match anvan pou fè li vin "no contest" (san konparezon).

IV. **In addition to any administrative penalties, any boxer testing positive for a violation of NYSAC's drug abuse and steroid policy shall be suspended medically and may not compete in this State or elsewhere until the boxer has been medically cleared by NYSAC's medical staff.**
Anplis nenpòt sanksyon administratif, nenpòt boksè ki gen rezilta tès li pozitif pou yon vyolasyon règleman abi dwòg ak estewoyid NYSAC dwe sispann sou plan medikal epi li pa ka fè konpetisyon nan Eta a oswa lòt kote jouk lè ekip medikal NYSAC bay boksè a yon sètifika medikal.

V. The boxer acknowledges and understands that NYSAC will vigorously enforce and seek appropriate sanctions for any violations of this policy.
Boksè a rekonèt epi konprann NYSAC ap aplike ak chèche sanksyon apwopriye pou nenpòt vyolasyon règleman sa a.

Boxer Affirmation – By my signature below I hereby subscribe and affirm under the penalties of perjury that I have reviewed the foregoing policy on prohibited drugs and/or illicit substances, that I agree to the terms described therein and that I am not currently using or otherwise under the influence of any prohibited drugs and/or illicit substances.
Konfimasyon Boksè – Depi mwen siyen anba la a, mwen dakò epi mwen konfime anba sanksyon pou fo temwayaj, mwen te revize règleman ki endike anwo a sou entèdiksyon dwòg ak/oswa sibstans ilegal, mwen dakò avèk kondisyon ki dekri la yo epi mwen pa itilize nenpòt dwòg yo entèdi ak/oswa sibstans ilegal, epitou mwen pa anba enfliyans yo.

Boxer Name: _____
Non Boksè a:

Boxer Signature: _____
Siyati Boksè a:

Date: _____
Dat la:

-This section intentionally left blank-
-Seksyon sa a rete vid pou yon rezon-

New York State Athletic Commission

MEDICAL INFORMATION RELEASE

DIVILGASYON ENFÒMASYON MEDIKAL

AUTHORIZATION TO DISTRIBUTE MEDICAL INFORMATION TO ALL MEMBER COMMISSIONS AFFILIATED WITH THE ASSOCIATION OF BOXING COMMISSIONS (ABC)

OTORIZASYON POU DIVILGE ENFÒMASYON MEDIKAL BA TOUT MANM KOMISYON KI AFILYE AVÈK ASOSYASYON KOMISYON BÒKS [ASSOCIATION OF BOXING COMMISSIONS (ABC)]

I, hereby authorize the New York State Athletic Commission to release, disclose and furnish to any other commission or program affiliated with the Association of Boxing Commissions (ABC), including its official record keeper, any and all of my medical records obtained by the New York State Athletic Commission concerning my licensure as a boxer including, but not limited to, annual physical examinations, ophthalmological examinations, neurological examinations, negative tests for the HIV virus, Hepatitis B virus, and Hepatitis C virus, drug testing, hospital records, and any other information regarding conditions related to the propriety of my licensure as a boxer (including history, findings, diagnosis and prognosis).

Mwen, bay otorizasyon pou Komisyon Atletik Eta New York (New York State Athletic Commission) pou pibliye, divilge ak bay pou nenpòt lòt komisyon oswa pwogram ki afilye avèk Asosyasyon Komisyon Bòks [Association of Boxing Commissions (ABC)], tankou rapòtè ofisyèl, nenpòt ak tout dosye medikal mwen Komisyon Atletik Eta New York (New York State Athletic Commission) jwenn konsènan fason mwen resevwa lisans mwen kòm yon boksè, tankou men pa sèlman, egzamen fizik anyèl, egzamen oftalmolojik, egzamen newolojik, rezilta tès ki negatif pou viris HIV, viris Epatit B, ak viris Epatit C, tès dwòg, dosye lopital, ak nenpòt lòt enfòmasyon konsènan pwoblèm medikal ki gen pou wè ak pwopriyete lisans mwen kòm yon boksè (tankou istwa, rezilta, dyagnostik ak sa ki prevwa).

I understand, and it is agreed, that the signing of this Medical Information Release is optional, and that my declining to sign this document will not result in any adverse action being taken against me by the New York State Athletic Commission or any of the member commissions affiliated with the ABC.

Mwen rekonèt, epitou yo dakò, mwen pa gen obligasyon pou mwen siyen Otorizasyon sa a pou Divilge Enfòmasyon Medikal yo, epitou si mwen refize siyen dokiman sa a sa p ap lakòz Komisyon Atletik Eta New York (New York State Athletic Commission) oswa nenpòt komisyon manm ki afilye avèk ABC fè okenn aksyon negatif kont mwen.

I understand, and it is agreed, that the medical records described herein will not be released for any purpose other than for the purpose of a member commission affiliated with the ABC determining my eligibility to participate in a boxing.

Mwen rekonèt, epitou yo dakò, pou yo pa divilge dosye medikal ki dekri nan dokiman sa a pou nenpòt objektif ki pa objektif yon komisyon manm ki afilye avèk ABC pou detèmine si mwen kalifye pou patisipe nan yon match bòks.

I understand, and it is agreed, that this authorization shall remain in effect for a period of one year from the date it is signed, and is relevant to all medical records described herein whether such records were created prior to, or subsequent to, the date the authorization is signed.

Mwen rekonèt, epi yo dakò, otorizasyon sa a dwe rete anvigè pou yon peryòd yon ane apati dat mwen siyen li, epitou li enpòtan pou tout dosye medikal ki dekri la yo si yo te kreye dosye yo anvan, oswa apre dat mwen siyen otorizasyon an.

PRINTED NAME OF BOXER **NON BOKSÈ A AN LÈT DETACHE**	**BOXER'S FEDERAL I.D. #** **NIMEWO I.D. FEDERAL BOKSÈ A**
SIGNATURE OF BOXER **SIYATI BOKSÈ A**	**DATE SIGNED** **DAT SIYATI A**

-This section intentionally left blank-

-Seksyon sa a rete vid pou yon rezon-

New York State Athletic Commission

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

OTORIZASYON POU DIVILGE ENFÒMASYON MEDIKAL YON FASON KI ANNAMONI AVÈK HIPAA

Patient Name Non Pasyan an	Date of Birth Dat Li Fèt	Social Security Number Nimewo Sekirite Sosyal
Patient Address Adrès Pasyan an		Patient Telephone Number Nimewo Telefòn Pasyan an

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:
In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:
Mwen, oswa reprezantan otorize mwen, mande pou yo divilge enfòmasyon sou sante ki konsène swen mwen jan sa endike nan fòm sa a:
Dapre Lwa Eta New York ak Règ Enfòmasyon Prive Lwa 1996 sou Pòtabilite ak Responsablite Asirans-Maladi [Health Insurance Portability and Accountability Act of 1996 (HIPAA)], mwen rekonèt:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT,** except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.

   Otorizasyon sa a ka gen divilgasyon enfòmasyon ki konsène **ABI ALKÒL ak DWÒG, TRETMAN SANTE MANTAL,** sof nòt sikoterapi, ak **ENFÒMASYON KONFIDANSYÈL KI GEN POU WÈ AK VIH*** sèlman si mwen mete inisyal mwen sou liy ki apwopriye nan Paragraf 9(a). Sizoka enfòmasyon medikal mwen ki dekri anba a genyen nenpòt kalite enfòmasyon sa yo, epi mwen mete inisyal mwen sou liy ki nan kaz nan Paragraf 9(a), mwen otorize sitou pou yo divilge enfòmasyon yo ba moun ki endike a (yo) nan Paragraf 8.

2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that 1 have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (718) 741-8400 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.

   Si mwen bay otorizasyon pou divilge enfòmasyon ki konsène VIH, tretman pou abi alkòl oswa dwòg, oswa tretman pou sante mantal, moun ki resevwa enfòmasyon yo ap gen entèdiksyon pou divilge enfòmasyon yo ankò # yo san otorizasyon mwen sof si lalwa federal oswa lwa eta a bay otorizasyon pou sa fèt. Mwen rekonèt mwen gen dwa tou pou mande yon lis moun ki ka resevwa oswa ki ka itilize enfòmasyon ki asosye avèk VIH mwen san otorizasyon mwen. Si mwen viktim diskriminasyon akòz piblikasyon oswa divilgasyon enfòmasyon ki gen pou wè ak VIH mwen, mwen kapab kontakte New York State Division of Human Rights (Divizyon Leta Nouyòk pou Dwa Moun) nan nimewo (718) 741-8400 oswa New York City Commission of Human Rights (Komisyon Leta Nouyòk pou Dwa Moun) nan nimewo 212) 306-7450. Ajans sa yo responsab pou pwoteje dwa mwen.

3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.

   Mwen gen dwa pou anile otorizasyon sa a nenpòt kilè depi mwen voye yon lèt ba pwofesyonèl swen sante ki endike anba la a. Mwen rekonèt mwen ka anile otorizasyon sa a, sof nan limit aksyon yo deja pran selon otorizasyon sa a.

4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

   Mwen rekonèt mwen ka siyen otorizasyon sa a si mwen vle. Tretman mwen, peman mwen, enskripsyon mwen nan yon plan sante, oswa kalifikasyon mwen pou avantaj yo p ap depannde otorizasyon mwen pou divilgasyon sa a.

5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

   Moun ki resevwa enfòmasyon ki divilge anba otorizasyon sa a kapab re-divilge enfòmasyon yo (sof jan sa endike nan Paragraf 2), epi re-divilgasyon an ka pa jwenn pwoteksyon lalwa federal oswa lwa eta a ankò.

6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

   OTORIZASYON SA A PA OTORIZE OU POU DISKITE SOU ENFÒMASYON SOU SANTE MWEN OSWA SOU SWEN MEDIKAL MWEN AVÈK MOUN KI PA AVOKA OSWA KI PA NAN BIWO GOUVÈNMAN KI ENDIKE NAN PARAGRAF 9(b).

7. Name and address of health provider or entity to release this information:
Non ak adrès pwofesyonèl swen sante oswa ajans ki pral divilge enfòmasyon sa yo:

8. Name and address of person(s) or category of person to whom this information will be sent:
Non ak adrès moun (yo) oswa kategori moun y ap voye enfòmasyon yo ba li (yo) a:

New York State Athletic Commission, 123 William St., New York, NY 10038

9(a). Specific information to be released:
Sèten enfòmasyon pou yo divilge:

☐ Medical Record from (insert date)_____ to (insert date)_____
Dosye medikal ant (mete dat la) ak (mete dat la)

☑ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
Tout Dosye Medikal la, avèk tou istwa medikal pasyan an, nòt klinik (sof nòt siko-terapi), rezilta tès, etid radyoloji, film, rekòmandasyon, konsiltasyon, dosye bòdwo, dosye asirans, ak dosye lòt founisè swen medikal voye ba ou.

☐ Other:_____
Lòt:
_____

Include: (Indicate by Initialing)
Mete: (Endike avèk Inisyal ou)

_____ **Alcohol/Drug Treatment**
Tretman pou Alkòl/Dwòg

_____ **Mental Health Information**
Enfòmasyon sou Sante Mantal

_____ **HIV-Related Information**
Enfòmasyon ki konsène VIH

Authorization to Discuss Health Information
Otorizasyon pou Diskite sou Enfòmasyon sou Sante

(b) ☑ By initialing here _____ I authorize _____
Depi mwen mete inisyal mwen la a, Mwen bay otorizasyon

Initials
Inisyal

Name of individual health care provider
Non pwofesyonèl swen medikal moun nan

to discuss my health information with my attorney, or a governmental agency, listed here:
ki pou diskite sou enfòmasyon sou sante mwen avèk avoka mwen, oswa yon biwo gouvènman, ki nan lis la a:

New York State Athletic Commission
(Attorney/Firm Name or Governmental Agency Name)
(Non Avoka/Antrepriz oswa Biwo Gouvènman)

10. Reason for release of information:
Rezon pou divilgasyon enfòmasyon yo:
☑ At request of individual
Sou demann moun nan
☐ Other:
Lòt:

11. Date or event on which this authorization will expire:
Dat oswa evènman lè otorizasyon sa a ap ekspire:

One year from this date
Yon ane apre dat sa a

12. If not the patient, name of person signing form:
Si moun nan pa pasyan, bay non moun ki siyen fòm nan:
N/A

13. Authority to sign on behalf of patient:
Otorizasyon pou siyen sou non pasyan an:
N/A

All items on this form have been completed and my questions about this form have been answered in addition, I have been provided a copy of the form.
Mwen bay tout enfòmasyon yo mande nan fòm sa a, yo te reponn kesyon mwen yo konsènan fòm sa a, epitou yo ban mwen yon kopi fòm nan.

_____
(Signature of patient or representative authorized by law)
(Siyati pasyan oswa reprezantan ki gen otorizasyon dapre lalwa)

Date: _____
Dat la:

*** Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.**
*** Viris Imino-Defisyan Imen ki lakòz maladi SIDA. Lwa Eta New York sou Sante Piblik pwoteje enfòmasyon ki kapab idantifye yon fason rezonab yon moun kòm moun ki gen sentòm VIH oswa enfeksyon ak enfòmasyon konsènan kontak yon moun.**