



****TREATING PHYSICIANS - PLEASE REVIEW THE INFORMATION BELOW****

Occasionally, an athlete may have a condition that requires the use of medication(s) listed on the World Anti-Doping Agency's ([WADA Prohibited List](#)). USADA or an International Federation (IF) may grant athletes a Therapeutic Use Exemption (TUE) in compliance with the WADA International Standard for TUEs (ISTUE). The TUE application process is thorough and designed to balance the need to provide athletes access to critical medication while protecting the rights of clean athletes to compete on a level playing field. **COMPLETION OF THIS TUE APPLICATION DOES NOT GUARANTEE A TUE WILL BE GRANTED.**

A TUE is not purely an assessment of whether or not the treatment is clinically reasonable but is focused on whether or not the treatment is performance-enhancing within the context of sport/athletic competition.

The Therapeutic Use Exemption Committee (TUEC) must have enough medical documentation to be able to conduct a forensic diagnosis and treatment plan WITHOUT EVER SEEING THE ATHLETE. If this documentation is not provided, USADA may need to return the TUE application to the athlete without review, or the TUEC may deny the TUE application. Please refer to the [USADA Checklist and WADA Guidelines](#) for a list of items to include in the application packet for the athlete's specific condition.

If the athlete's condition is not listed, please select the "Other Diagnoses" document for further direction on supporting documentation to include in the application. A thorough clinical file is essential for USADA to effectively assess and render a sound decision. WADA has created checklists which can be found at [WADA TUE Checklists](#). In general, all TUE applications require the following items:

- A complete and legible TUE Application
- A comprehensive medical history of the athlete's condition (related to the prohibited medication or method)
- Copies of all relevant clinical evidence (include clinical visit & laboratory/imaging results)
- A statement from the physician outlining a medically justifiable rationale for why the prohibited substance/method is needed and why permitted alternatives are not appropriate. (Note: many TUEs are returned or denied because there is no documentation showing failed trials of permitted alternatives or explanation why an alternative is not feasible for treatment, e.g., side effects. Search the prohibited status of alternative medications on [GlobalDRO.com](#) or contact USADA Drug Reference at 719-785-2080 or drugreference@usada.org for more information.

Requests for further information confirm whether the TUE application satisfies the requirements per the ISTUE. USADA understands collecting these items can be time consuming and we apologize for any burden on your time or your practice. If you have any questions or concerns regarding the TUE process, please contact the USADA TUE Team at 719-785-2045 or tue@usada.org.

IN THE ABSENCE OF A SIGNED 'CERTIFICATE OF APPROVAL FOR THERAPEUTIC USE' GRANTED BY USADA, ATHLETES DO NOT HAVE PERMISSION TO USE A PROHIBITED SUBSTANCE AND/OR METHOD IN SPORT.

Submit your application to USADA and keep a copy for your records.

To submit your complete TUE Application to USADA, please view Step 5 on our website to use our [secure portal](#)

****Do not submit jpegs/smartphone photos of this TUE Application****

If you do not receive confirmation of receipt within 3 business days, contact

the USADA TUE Team at 719-785-2045 immediately.



TUE Application Form

NOTE: Athletes or their designated Representative will need to complete sections 1, 2, & 3. Physicians/Medical Providers will need to complete sections 4, 5, & 6. Boxes highlighted in RED are required information. Failure to provide required information may delay the processing of your TUE Application.

1. Athlete Information

Last Name:

First Name:

Sex assigned at birth: Female

Male

Pronouns (Optional):

DOB:

Mailing Address:

City:

State:

Zip Code:

Sport:

Discipline/Para-Classification:

Competitive Level:

Athlete's Email:

Primary Phone

**By entering an email address, you agree to receive communication about this TUE by email.*

What is your sport nationality? USA Other

If you hold an active membership for an IF or NGB, you must provide your membership number. If you do not, please type "N/A" (not applicable) in the space below.

Are you currently an NCAA Student-Athlete? Yes No

US National Governing Body (NGB):

US NGB Membership/
License Number:

International Federation (IF):

IF Membership/License
Number:

ATHLETE REPRESENTATIVE: If you would like to have someone speak to USADA on your behalf regarding this TUE application, list their name(s) and information here:

Name(s):

Relationship:

Email:

2. Athlete Competition Level and Schedule

Are you an **International** or **National Level Athlete** as defined in the [USADA TUE Policy](#)?

Are you entered in an **International Event** (as defined in the [ISTUE](#)) in the **Open/Elite Category**?

Are you registered to compete in the **Professional Category** in an event?

Have you ever been in **USADA's Education Pool** or a **Whereabouts Information Pool** for any **Code Signatory Organization**?

Have you ever officially represented the USA in an **International Event**?

Have you ever won a **World/International or National Championship** in ANY category?

Have you ever received support or funding from the **USOPC**?

Have you ever served a period of ineligibility for committing an anti-doping rule violation?



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TUE Privacy Notice and Athlete Declaration:

I, _____, certify that the information set out in sections 1, 2, and 3 is accurate and that I am requesting approval to use a Substance or Method from the World Anti-Doping Agency (WADA) Prohibited List. I authorize the release of my personal medical information to USADA and its applicable third parties, including, but not limited to, its Therapeutic Use Exemption Committee (TUEC) as well as to WADA staff, the WADA TUEC, other Anti-Doping Organization (ADO) TUECs, the appropriate International Federations (IF) and their TUEC under the provisions of the World Anti-Doping Code and/or the International Standard for Therapeutic Use Exemptions, or other independent medical, scientific, or legal experts, if needed.¹ Physicians who are members of a TUE Committee and any other experts consulted must be subject to confidentiality agreements.

I understand that my personal information provided by my physicians or me includes the information provided on the TUE application form (including my name, date of birth, contact details, sport and discipline, the diagnosis, medication, and treatment relevant to my application); supporting medical information and records provided by my physicians or me; and assessments and decisions on my TUE application by ADOs (including WADA) and their TUE Committees and other TUE experts, including communications with me and my physicians, relevant ADOs support personnel regarding my application.

I understand that my information will be used for processing and evaluating my TUE request, results management (in the event of an adverse or atypical finding based on your sample(s) or athlete biological passport) and in the context of potential anti-doping rule violation investigations and procedures. In some instances, it could be used for other purposes in accordance with the WADA Code, the International Standards, the anti-doping rules of ADOs with authority to test you, and the [USADA privacy policy](#).

I understand that if I ever wish to (1) obtain more information about the use of my health information; (2) exercise any rights I may have, such as my right of access, rectification, restriction, opposition, or deletion; or (3) revoke the right of these organizations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the purpose of investigations or proceedings related to a possible anti-doping rule violation, where this is required by the Code, International Standards, or national anti-doping laws; or to establish, exercise or defend a legal claim involving me, WADA, and/or an ADO. I consent to my physician(s) releasing to the above entities any health information that they deem necessary in order to consider and determine my application. I understand that I have the right to receive a copy of my TUE application and accompanying documents if I make a request in writing to USADA.

By signing below, I consent to the Processing, including collection, use, and storage, of my Personal Information provided in all past or future filings or documents submitted to USADA for the reasons described above. I further consent to my Personal Information (and any decisions resulting from information submitted) being uploaded into the informational databases of WADA, USADA (stored in the U.S.), other anti-doping organizations (as applicable), and third parties (as applicable) in accordance with the [USADA privacy policy](#) and/or the privacy policy of the relevant testing authority/ results management authority. I understand that I may contact USADA’s Compliance Manager for questions or concerns about the processing of my PI at privacy@usada.org and may contact WADA at privacy@wada-ama.org.

I understand that International and National-Level Athletes should submit the Form to USADA and USADA will forward the Form to the appropriate IF and/or TUEC. I understand that using any prohibited substance is at my own risk of committing a doping violation until my request has been approved and I receive approval in writing from USADA and/or my IF (if applicable).

I understand that my Personal Information may be governed by other applicable laws that may require disclosure to local courts, law enforcement, or other public authorities. I further understand that USADA will retain my personal information for the period of time during which such information remains relevant to fulfilling USADA’s obligations under the World Anti-Doping Code (the “Code”) or other International Standard, including the [International Standard for the Protection of Privacy and Personal Information \(“ISPPPI”\)](#), or where otherwise required by applicable law, regulation or compulsory legal process.

¹ Note that due to the sensitivity of TUE information, only a limited number of personnel will receive access to your application. ADOs and WADA must handle your personal information in accordance with applicable privacy laws, rules, and each organization’s privacy policy. You may consult USADA’s privacy policy to obtain more details about the processing of your personal information.

Athlete Signature:

Date:

Parent/Guardian Signature:

Date:

(If the Athlete is a minor or has an impairment preventing them from signing this form, a parent, guardian or legal representative shall sign on behalf of the Athlete)



****PHYSICIANS - PLEASE FILL OUT THE FOLLOWING SECTIONS****

4. Medical Information and Diagnosis (to be filled out legibly by a licensed medical provider)

MEDICAL DIAGNOSIS:
ICD or DSM CODE:

5. Medication Details

PROHIBITED SUBSTANCE / METHOD (Generic or Brand Name)	DOSAGE (mg, mcg, mL)	ROUTE OF ADMINISTRATION (oral, injection, IV, etc.)	FREQUENCY (tabs/puffs/inj. per day/hour/month)	TREATMENT DURATION (day, wks, etc.)
1.				
2.				
3.				
4.				

Referencing attached medical documents is not adequate; **the table must be filled out completely.**

6. Medical Practitioner’s Declaration

I certify that the information contained in sections 4, 5 & 6 is accurate. I acknowledge & agree that my personal information may be used by Anti-Doping Organization(s) to contact me regarding this TUE application, verify the professional assessment in connection with the TUE process or in connection with Anti-Doping Rule Violation investigations & proceedings. I further acknowledge & agree that my personal information will be uploaded to the Anti-Doping Administration & Management System ([ADAMS Privacy Policy](#) for more details) as well as SIMON ([USADA Protocol for Olympic & Paralympic Movement Testing](#)) for these purposes.

Treating Provider Full Name (with qualification):

Medical Specialty, DEA #,
Licensing Body & Number:

Supervising Physician Full Name (M.D. or D.O.):

Medical Specialty, DEA #,
Licensing Body & Number:

Street Address:

City, State, Zip:

Phone Number:

E-mail:

Signature of Treating Medical Practitioner:

Date:

Signature of Supervising Physician:

Date: