**MAATA ATHLETIC TRAINING AWARD PROFILE**

**Rev. 8-20-13**

**AWARD NOMINATED FOR: SERVICE AWARD MOST DISTINGUISHED HALL of FAME**

**Candidate’s Personal Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  |  |  |  |
|  | **LAST** | **FIRST** | **Middle Init.** | **Education Credentials** |

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| **BOC**  **Cert. #** |  | **Certification**  **Date**  **(month/year)** | **\_\_\_\_\_ /\_\_\_\_\_\_** | **NATA**  **Membership #** |  | **District #** |  |

**Home Address Is this your preferred mailing address? Yes ( ) No ( )**

|  |  |
| --- | --- |
| **Street Address** |  |
| **City, State and Zip** |  |

**Work Address Is this your preferred mailing address? Yes ( ) No ( )**

|  |  |
| --- | --- |
| **Street Address** |  |
| **City, State and Zip** |  |

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| **Work Phone** |  | **Home Phone** | |  |
| **Fax** |  | **E-Mail** |  | |

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| **Primary Occupation** | |  | | | |
| **Secondary Occupation** | |  | | | |
| **Are you fully retired?** |  | **Are you retired but still active in some career-related areas?** |  | **Are you completing this form for a deceased member?** |  |
|  | **YES /NO** |  | **YES /NO** |  | **YES/NO** |

**PROFESSIONAL EDUCATION** (Degrees Earned in chronological order starting with most recent)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Degree** | | **College or University** | **City, State** | **Year** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
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**EMPLOYMENT HISTORY (List in chronological order starting with most recent)**

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| --- | --- | --- | --- |
| **Position/Title** | **Employment Setting** | **City, State** | **Year(s)** |
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**Professional Certification and/or Licensure**

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| **Certification or Licensure** | | **Year** |
| **1** |  |  |
| **2** |  |  |
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**Membership in Professional Organizations** (current membership only)

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| --- | --- | --- | --- |
| **Name of Organization** | | **Role (Fellow, Active Member etc.)** | **Year Joined** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

**CONTRIBUTIONS AT THE NATIONAL LEVEL**

**A1) Attendance at NATA Annual Meeting & Clinical Symposium**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please list the years you have attended the NATA Annual Meeting & Clinical Symposium**  **( Darken or “X” out the box)** | | | | | | | | | | | | | | | |
| **1968** | **69** | **70** | **71** | **72** | **73** | **74** | **75** | **76** | **77** | **78** | **79** | **80** | **81** | **82** | **83** |
| **84** | **85** | **86** | **87** | **88** | **89** | **90** | **91** | **92** | **93** | **94** | **95** | **96** | **97** | **98** | **99** |
| **2000** | **01** | **02** | **03** | **04** | **05** | **06** | **07** | **08** | **09** | **10** | **11** | **12** | **13** | **14** | **15** |
| **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |

**Attendance at National Meeting(s) of other professional medical societies (equivalent to NATA Meeting)**

[Ex. ACSM, AOSSM, PBATS etc.]

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| --- | --- | --- |
| **Organization Name** | **City, State** | **Year(s)** |
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**A2) Presentations at NATA Annual Meeting & Clinical Symposium**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Mode Of Presentation** | | | | | | |
| **Topic** | **Year** | **Key Note** | **Speaker** | **Moderator** | **Panel** | **Free**  **Comm**  **Oral**  **or**  **Poster** | **Workshop**  **or**  **Learning Lab** | **Mini -**  **Session** |
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**Presentations at National Meeting(s) of other professional medical societies (equivalent to NATA Meeting)**

[Ex. ACSM, AOSSM, PBATS etc.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organization** | **Topic** | **Site**  **(city, state)** | **Year** | **Mode of Presentation** |
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**A3) Elected Office National- NATA**

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| **Office Held** | **Years of Term** | |
| **From** | **To** |
| **NATA PRESIDENT** |  |  |
| **NATA VICE-PRESIDENT** |  |  |
| **NATA SECRETARY/TREASURER** |  |  |
| **NATA BOARD of DIRECTOR** |  |  |

**Elected or Appointed Executive Office of other national professional medical societies equivalent to NATA**

[Ex. ACSM, AOSSM, PBATS etc.]

|  |  |  |
| --- | --- | --- |
| **Office Held** | **Years of Term** | |
| **From** | **To** |
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4.

**Elected/Appointed Executive Officer of the NATA Foundation, NATA-PAC, CAATE or BOC**

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| --- | --- | --- | --- | --- |
| **ORGANIZATION** | **District**  **Represented** | **Office Held** | **Years of Term** | |
| **From** | **To** |
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**A4) Committee Service to NATA at the National Level**

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| --- | --- | --- | --- | --- |
| **Name of Committee, Council, Liaison or Task Force** | **District**  **Represented** | **Chair**  **or**  **Member** | **Years of Term** | |
| **From** | **To** |
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**Committee Service to other professional medical societies equivalent to NATA** [Ex. ACSM, AOSSM, PBATS etc.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Committee,** | **Organization** | **Chair**  **or**  **Member** | **Years** | |
| **From** | **To** |
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**National Committee Service to NATA Foundation, NATA-PAC, CAATE or BOC**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Committee, Council, Liaison or Task Force** | **District**  **Represented** | **Chair**  **or**  **Member** | **Years** | |
| **From** | **To** |
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5.

**A5) NATA, NATA Foundation, CAATE and BOC Honors & Awards**

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| --- | --- | --- |
| **AWARD** | | **YEAR AWARDED** |
| **NATA Athletic Trainer Service Award** | |  |
| **NATA Most Distinguished Award** | |  |
| **American Academy of Podiatric Sports Medicine Excellence in Athletic Training Award** | |  |
| **American Orthopedic Society for Sports Medicine Award** | |  |
| **Bill Chisholm Ethnic Diversity Advisory Council Professional Service Award** | |  |
| **Educational Multimedia Awards** | **Commercial Video Production** |  |
| **Non- Commercial Video Production** |  |
| **Commercial Software Production** |  |
| **Non- Commercial Software Production** |  |
| **Gail Weldon Visionary Award** | |  |
| **Gatorade/Tim Kerin Award** | |  |
| **Journal of Athletic Training Awards** | **Clint Thompson Outstanding Non-Research Manuscript** |  |
| **Ken Knight Outstanding Research Manuscript** |  |
| **NATA Foundation Freddie Fu New Investigator Award** | |  |
| **NATA Foundation William Clancy Jr. Medal for Distinguished Athletic Training Research Award** | |  |
| **President’s Challenge Award** | |  |
| **Sayers “Bud” Miller Distinguished Educator of the Year Award** | |  |
| **CUATC Athletic Trainer of the Year Award – please specify Award:** | |  |
| **BOC – Dan Libera Award** | |  |
| **Other – please specify:** | |  |
| **Other – please specify:** | |  |

**Other Non-NATA National Awards Received (Ex. Tinactin, PFATS, NCAA, etc.)**

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| **Award** | **Sponsoring Organization** | **Year Awarded** |
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**A6) International Games and Assignments**

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| **Have you served as a two-week volunteer at one of the USOC Training Centers?** | **Yes: \_\_\_\_** | **No: \_\_\_\_** | **If YES, list year:** |  |

**Volunteer Services at Games – Appointed by USOC**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Games Appointed (please place “X” where appropriate** | | | | | | |
| **Olympic/**  **Paralympics** | **World University/ Goodwill Games** | **Pan Am Games** | **Other**  **(List)** | **Site** | **Sport** | **Year(s)** |
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**Volunteer Services at Local Games – *NOT* Appointed by USOC**

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| **Games Appointed (please place “X” where appropriate** | | | | | | |
| **Olympic/**  **Paralympics** | **World University/ Goodwill Games** | **Pan Am Games** | **Other**  **(List)** | **Site** | **Sport** | **Year(s)** |
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**A7) Participation in Foreign Instructional Presentations or Clinics (not related to employment)**

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| --- | --- | --- | --- | --- |
| **Sponsoring Organization** | **Country** | **# of presentations** | **Topic(s)** | **Year** |
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**CONTRIBUTIONS AT THE DISTRICT LEVEL**

**B1) Attendance at District Meeting & Clinical Symposium**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please list the years you have attended the District Meeting & Clinical Symposium**  **(darken or “X” out the box)** | | | | | | | | | | | | | | | |
| **1968** | **69** | **70** | **71** | **72** | **73** | **74** | **75** | **76** | **77** | **78** | **79** | **80** | **81** | **82** | **83** |
| **84** | **85** | **86** | **87** | **88** | **89** | **90** | **91** | **92** | **93** | **94** | **95** | **96** | **97** | **98** | **99** |
| **2000** | **01** | **02** | **03** | **04** | **05** | **06** | **07** | **08** | **09** | **10** | **11** | **12** | **13** | **14** | **15** |
| **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |

**Attendance at District/Regional Meeting(s) of other professional medical societies**

**(Equivalent to District Meeting)**

|  |  |  |
| --- | --- | --- |
| **Organization Name** | **City, State** | **Year(s)** |
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7.

**B2) Presentations at District Meeting & Clinical Symposium**

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|  | | **Mode Of Presentation** | | | | | | |
| **Topic** | **Year** | **Key Note** | **Speaker** | **Moderator** | **Panel** | **Free**  **Comm**  **Oral**  **or**  **Poster** | **Workshop**  **or**  **Learning Lab** | **Mini -**  **Session** |
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**Presentations at District/Regional Meeting(s) of other professional medical societies**

**(Equivalent to District Meeting)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organization** | **Topic** | **Site**  **(city, state)** | **Year** | **Mode of Presentation** |
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**B3) District Office Held**

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| --- | --- | --- | --- |
| **Office Held** | **District #** | **Years of Term** | |
| **From** | **To** |
| **PRESIDENT** |  |  |  |
| **VICE-PRESIDENT** |  |  |  |
| **SECRETARY/TREASURER** |  |  |  |
| **DIRECTOR** |  |  |  |

**Elected or Appointed Executive Office of other regional medical society equivalent to District level**

|  |  |  |  |
| --- | --- | --- | --- |
| **Office Held** | **Organization** | **Years of Term** | |
| **From** | **To** |
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8.

**B4) Committee Service at the District Level**

(Includes District level participation for PAC, NATA Foundation, CAATE and BOC)

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| **Name of Committee, Council, Liaison or Task Force** | **District**  **Represented** | **Chair**  **or**  **Member** | **Years of Term** | |
| **From** | **To** |
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**Committee Service to other professional regional medical societies equivalent to District level**

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| --- | --- | --- | --- | --- |
| **Name of Committee,** | **Organization** | **Chair**  **or**  **Member** | **Years** | |
| **From** | **To** |
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**B5) District and Regional Honors & Awards**

|  |  |
| --- | --- |
| **AWARD** | **YEAR AWARDED** |
| **District Hall of Fame** |  |
| **District Most Distinguished Award** |  |
| **District Service Award** |  |
| **Other District/Regional Award – List:** |  |
| **Other District/Regional Award – List:** |  |
| **Other District/Regional Award – List:** |  |
| **Other District/Regional Award – List:** |  |
| **Other District/Regional Award – List:** |  |
| **Other District/Regional Award – List:** |  |
| **Other District/Regional Award – List:** |  |

**B6) Participation in BOC, Inc. Certification Exam** (Place an “X” where appropriate)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Site Coordinator** | **Examiner** | **Model** | **Site** | **Year** |
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9.

**CONTRIBUTIONS AT THE STATE LEVEL**

**C1) Attendance at State Meeting & Clinical Symposium**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please list the years you have attended the State Meeting & Clinical Symposium**  **(Darken or “X” out the box)** | | | | | | | | | | | | | | | |
| **1968** | **69** | **70** | **71** | **72** | **73** | **74** | **75** | **76** | **77** | **78** | **79** | **80** | **81** | **82** | **83** |
| **84** | **85** | **86** | **87** | **88** | **89** | **90** | **91** | **92** | **93** | **94** | **95** | **96** | **97** | **98** | **99** |
| **2000** | **01** | **02** | **03** | **04** | **05** | **06** | **07** | **08** | **09** | **10** | **11** | **12** | **13** | **14** | **15** |
| **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |

**Attendance at State/Local Meeting(s) of other professional medical societies**

**(Equivalent to State Meeting)**

|  |  |  |
| --- | --- | --- |
| **Organization Name** | **City, State** | **Year(s)** |
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**C2) Presentations at State Meeting & Clinical Symposium**

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|  | | **Mode Of Presentation** | | | | | | |
| **Topic** | **Year** | **Key Note** | **Speaker** | **Moderator** | **Panel** | **Free**  **Comm**  **Oral**  **or**  **Poster** | **Workshop**  **or**  **Learning Lab** | **Mini -**  **Session** |
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10.

**Presentations at State/Local Meeting(s) and/or other professional medical societies**

(Includes PTA, Kiwanis, School Board etc.)

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| --- | --- | --- | --- | --- |
| **Organization** | **Topic** | **Site**  **(city, state)** | **Year** | **Mode of Presentation** |
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**C3) State Association Office Held**

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| --- | --- | --- | --- |
| **Office Held** | **District #** | **Years of Term** | |
| **From** | **To** |
| **PRESIDENT** |  |  |  |
| **VICE-PRESIDENT** |  |  |  |
| **SECRETARY/TREASURER** |  |  |  |
| **BOARD MEMBER** |  |  |  |

**Elected or Appointed Executive Office of other regional medical society equivalent to State level**

(Includes State Regulatory Board/Licensure Board, State Governor Appointment)

|  |  |  |  |
| --- | --- | --- | --- |
| **Office Held** | **Organization** | **Years of Term** | |
| **From** | **To** |
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**C4) Committee Service at the State Level**

(Includes State level participation for PAC, NATA Foundation, CAATE and BOC)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Committee, Council, Liaison or Task Force** | **State**  **Represented** | **Chair**  **or**  **Member** | **Years of Term** | |
| **From** | **To** |
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11.

**Committee Service to other professional state/local medical society’s equivalent to State level**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Committee,** | **Organization** | **Chair**  **or**  **Member** | **Years** | |
| **From** | **To** |
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**C5) State and Local Honors & Awards**

|  |  |
| --- | --- |
| **AWARD** | **YEAR AWARDED** |
| **State Hall of Fame** |  |
| **State Most Distinguished Award** |  |
| **State Service Award** |  |
| **Other State Association Award – List:** |  |
| **Other State Association Award – List:** |  |
| **Other State Association Award – List:** |  |
| **Outstanding Faculty/Professor Award** |  |
| **Local Hall of Fame Award** |  |
| **Other State/Local Award – List:** |  |
| **Other State/Local Award – List:** |  |
| **Other State/Local Award – List:** |  |

**D6) Other Service or Contribution at the National, District & State Level not noted anywhere else:**

(Special Olympics, Volunteerism, State Games, Athletic Training Student Workshops, etc.)

|  |
| --- |
| **List & Describe Here:** |

**Public Relation Activities at the National, District & State Levels**

|  |
| --- |
| **List & Describe Here:** |

12

**Governmental Affairs and/or Legislative Activities at the National, District & State Levels**

|  |
| --- |
| **List & Describe Here:** |

**E1) Papers published in the *Journal of Athletic Training***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Article Title** | | **Issue and Year** | **Page #(s)** | **Authorship**  **(place an “X” where appropriate)** | |
| **Lead** | **Second-Author** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |

**Non-NATA Nationally Distributed Sports Medicine Journals & Publications** (peer reviewed)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Article Title** | | **Journal Name** | **Volume/**  **Issue and Year** | **Page #(s)** | **Authorship**  **(place an “X” where appropriate)** | |
| **Lead** | **Second-Author** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |

**Non-NATA Nationally Distributed Sports Medicine Journals & Publications** (Non-peer reviewed)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Article Title** | | **Journal Name** | **Volume/**  **Issue and Year** | **Page #(s)** | **Authorship**  **(place an “X” where appropriate)** | |
| **Lead** | **Second-Author** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |

13.

**E2) Service to the Journal of Athletic Training and/or Service on Editorial Board or other Nationally Distributed Sports Medicine Publication.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Journal Name** | **Describe Service** | **Years of Service** | |
| **From** | **To** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**E3) Educational Materials on Athletic Training Theory and Techniques** (Textbooks, Multi-media etc.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** | **Year** | **Role (place ‘X’ where appropriate)** | | | | | |
| **Lead Author** | **Co-Author** | **Editor** | **Chapter Author** | **Multimedia Creator** | **Other**  **Describe** |
|  |  |  |  |  |  |  |  |
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**F1) Pioneer for an Emerging and/or atypical Athletic Training Settings** (Responsible for bringing athletic training to a new area or working as an ATC in a new setting – ex. Rodeo, NASCAR, performing arts, military etc.)

|  |  |  |
| --- | --- | --- |
| **Event** | **Location** | **Date(s)** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Describe your efforts in the above events**: |

**F2) Inventor of a product or technique substantially affecting Athletic Training**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Product Name/Technique** | **Patent #**  **(If applicable)** | **Date of Patent** | **Role in Invention/Development** | |
| **Lead** | **Co-inventor** |
|  |  |  |  |  |
|  |  |  |  |  |

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| --- |
| **Describe your efforts in the above events**: |

14.

**F3) Heroic Efforts as a Certified Athletic Trainer (where possible submit supporting documents)**

|  |
| --- |
| **Please Describe any heroic efforts** |
|  |

**F4) Faculty member of a national, regional or local athletic training student workshop/camp (not directly**

**related to your employment)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sponsor** | | **Site** | **Year(s)** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

**F5) Mentoring – describe any mentoring activities with athletic training students or athletic training student clubs /student associations or athletic training student events not noted elsewhere (not directly related to your employment)**

|  |
| --- |
| **Describe Involvement Here** |
|  |

**F6) Community Service Activities**

|  |
| --- |
| **Describe Involvement Here** |
|  |

**F7) Consulting – service as a professional consultant (should not be related to your primary employment)**

|  |
| --- |
| **Describe Involvement Here** |
|  |

15.

**F8) Promoting health and safety – list involvement with activities and initiatives to increase athlete/patient/client safety, reduce the risk of injury/illness or promote health & wellness**

|  |
| --- |
| **Describe Involvement Here** |
|  |

**F9) Unique Contributions, Scholarships or Awards named after candidate, and or anything else not listed elsewhere on this application that will support the candidate application.**

|  |
| --- |
| **List and Describe Here** |
|  |

**Candidate Electronic Signature**

*After you have completed this form, please enter full name below as your electronic signature.*

**I, the undersigned, attest to the best of my knowledge the above information is accurate and complete.**

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |

**All information contained herein is subject to verification by the District III Honors and Awards Committee.**

***\*\*ATTACH COPY OF RESUME/VITA WITH THIS APPLICATION\*\****

**JPEG Quality Photo: *Also send and or attach a JPEG quality photo – head shot/bust-style as shown here.***

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