

**Illinois Athletic Trainers Association, Inc.  
Hospital / Clinic  
Special Recognition Award Application**

**SECTION 1**

**Nomination Form**

Sponsor's Name: \_\_\_\_\_

Position: \_\_\_\_\_ Credential(s): \_\_\_\_\_

IATA Member: \_\_\_\_\_ Yes \_\_\_\_\_ No

Work Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**SECTION 2**

**Letter of Nomination by ATC Sponsor**

- Sponsor letter must accompany application and any supplementary materials.
- All information is due to the IATA Vice-President by July 15<sup>th</sup>.

**SECTION 3**

**Requirements**

**PART 1 - INFORMATIONAL:**

Hospital/Clinic \_\_\_\_\_ Date \_\_\_\_\_

Name of Sports Medicine Program \_\_\_\_\_

Year Established \_\_\_\_\_

Number (#) of Sports Medicine Personnel by credential:

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Indicate which employees are IATA Members: \_\_\_\_\_

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**PART 2 - CRITETIA:**

- (1) Provide proof of a Certified Athletic Trainer(s) employed in your Program (e.g. copy of BOC Certificate and/or ILDoPR License and proof of employment document.
  
- (2) Compose a Mission Statement – may use separate page if desired (No more than 50 words)
  
  
  
  
  
  
  
  
  
  
- (3) Compose a Summary of your History and Services Offered - may use separate page if desired (No more than 100 words)

- (4) List involvement in the IATA (e.g. CEU sponsorships at IATA meetings and/or providing state educational seminars/workshops/courses)

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- (5) List local community involvement (e.g. ATC services for sports events [little league, fun runs, etc.] and/or outreach services to high schools or recreational facilities)

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- (6) List involvement in GLATA / NATA (e.g. CEU sponsorships at GLATA / NATA meetings and/or providing GLATA / NATA educational seminars/workshops/courses)

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