

ILLINOIS ATHLETIC TRAINER'S ASSOCIATION, INC.
CLINIC HOSPITAL RECOGNITION AWARD APPLICATION

To be completed by the sponsor:

Print these forms, then fill it out and mail to the IATA Vice President.

SECTION 1-Nomination Form
MUST BE TYPED OR NEATLY PRINTED

Date: _____

Name of Sponsor: _____

Position: _____ Credentials: _____

IATA Member: Yes No

Work Address: _____

City: _____ State/Zip Code: _____

Work Phone: _____ Email: _____

SECTION 2-Letter of Nomination by ATC Sponsor
MUST BE TYPED OR NEATLY PRINTED

In addition to the completed nomination packet, you must include:

- A sponsor letter must accompany application and any supplementary materials**

Please return this entire application form, completed by the sponsor and candidate, with a full resume by July 18 to:

Joe Whitson, MS.Ed., ATC
Associate Athletic Trainer
Illinois State University
Campus Box 7160
Kaufman Football Building
Locust and Main Streets
Normal, IL 61790

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To be completed by candidate:

SECTION 2-Requirements
MUST BE TYPED OR NEATLY PRINTED

Part 1-INFORMATION

Date: _____

Hospital/Clinic: _____

Name of Sports Medicine Program: _____

Year Established: _____

Number (#) of Sports Medicine Personnel by Credential: _____

Indicate which employees are IATA members: _____

Part 2-CRITERIA

- 1. Provide proof of Certified Athletic Trainer(s) employed in your Program(eg. Copy of BOC certificate, and/or ILDoPR License and proof of employment document.**
- 2. Compose a Mission Statement-sheet included at end of application form**
- 3. Compose a Summary of you history and services offered(no more than 100 words)-sheet included at end of application form**

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Part 2-CRITERIA

Mission Statement:

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Part 2-CRITERIA

Summary of Services(no more than 100 words):