

ILLINOIS ATHLETIC TRAINER'S ASSOCIATION, INC.
DEDICATED SERVICE NOMINATION

To be completed by the sponsor:

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

SECTION 1
MUST BE TYPED OR NEATLY PRINTED

Date: _____

Name of Sponsor: _____

Position: _____

Place of employment: _____

Address: _____

City: _____ State/Zip Code: _____

Phone: _____ Email: _____

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

- A letter stating your reasons for nominating this individual**

- A letter of support of your nomination from another individual who can attest to the nominee's qualifications (co-worker, allied health care professional, another athletic trainer, etc.)**

Please return this entire application form, completed by the sponsor and candidate, with a full resume by July 15 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

ILLINOIS ATHLETIC TRAINER'S ASSOCIATION, INC.
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To be completed by candidate:

SECTION 2
MUST BE TYPED OR NEATLY PRINTED

Date: _____

Full Name: _____

Address: _____

City: _____ State/Zip Code: _____

Work Phone: _____ Home Phone: _____ Email: _____

Primary Occupation: _____ Secondary Occupation: _____

Education (please list chronologically)
List Degrees, majors, and years

Career History (please list chronologically)
Position Organization City/State Years Employed
Career-related activities (consulting, current directorships, etc.)

Creative Works (books, journals, inventions, patents: do not include article titles)
Role (author, editor) Type of Work, Title, Year

Awards received from creative works listed above
Type of Work Award Year

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Civic and Political Activities

Role Organization Location Year

Military Record

Highest Rank: _____

Branch of Service: _____

Years of Service: _____

Location: _____

Professional Certification and/or Licenses

Professional Memberships

Role(member, executive, etc.) Organization, Year

Other Affiliations:

Awards from Civic/ Political, Military, Professional Memberships, Affiliations listed:

Other Awards/Recognitions:

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Years attending IATA State Business Meetings and Symposium: _____

Years attending GLATA Meeting and Symposium: _____

Years attending NATA Meeting and Symposium: _____

Contributions to the profession of Athletic Training: _____

I certify that the information contained in this application is correct and accurate to the best of my knowledge.

Applicant Signature

Date

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