**NATA Honorary Membership**

**Instructions and Information**

*The Honors and Awards Committee would like to congratulate you on being nominated for honorary membership into the NATA. The objective of the Honorary Membership award category is to recognize continued assistance in the field of athletic training and the progress of the athletic trainer. Non-certified or licensed athletic trainers are eligible.*

*The Honors and Awards Committee has developed the attached candidate profile to be “candidate friendly.” Complete, accurate information will help the Specialty Awards Committee assess your contributions. Please carefully read and follow all of the instructions for completing the nomination form.*

**The following instructions will guide you through the nomination process:**

1. **Eligibility:** Honorary Membership is open to any person actively engaged in activities that, on a day-to-day basis, promote the profession of athletic training. This individual should be acting on his/her own behalf or be representing a company, profession or country that, through his/her individual efforts, promotes the profession’s expertise and/or education.

Honorary Membership is only open to non-athletic trainers/therapists. Those who hold the LAT, CAT, ATC and/or related credentials are ineligible for consideration.

Individuals who are NATA members in the following categories qualify for nomination: Associate, International and Supplier. Honorary Membership is also open to qualified individuals who are not current NATA members.

NATA requires a minimum of 15 “years of service” to the athletic training profession and/or years of membership in NATA. Former national office staff members who have employed by NATA at least 15 years are eligible for this award six months after completing employment with the association.

1. **Candidate Profile:** The candidate profile must be typed and completed in its entirety, even if information is duplicated on the candidate’s résumé. Points will not be awarded for incomplete sections, unanswered questions or questions in which the response refers the committee members to the nominee’s résumé for answer(s).

Familiarize yourself with what is being requested. Candidates are not expected to have experience in all

areas and should not feel intimidated by having to leave some parts of the form blank. The Honorary Membership candidate profile has been designed to include all areas that qualify for evaluation for Honorary Membership. To manage the volume of material received, the committee asks that only the specific information requested be submitted

*The Honors and Awards Committee and committees under its jurisdiction have the right to return to the nominee, without consideration for the award, any incomplete or incorrect profile.*

1. **Advocate Forms:** The candidate’s profile should include ***four to six*** ***advocate forms***. Sponsors are responsible for ensuring this occurs. Some nominees feel uncomfortable requesting such forms. Others prefer to handle form procurement themselves. With that in mind, we ask that the sponsor obtain these from the individuals the nominee designates, unless the nominee indicates s/he will do so.Please do not send more than the required advocate forms.

Advocate forms should meet the following guidelines:

* **One** advocate form should come from the nominating athletic trainer.
* **Three** advocate forms must come from certified athletic trainers not in the same locale (May be in the same district).
* ***(Optional, but advisable)* Two** advocate forms should come from peers (other physicians, educators, legislators, business owners).

Advocate forms may be submitted individually by the advocate, collected by the sponsor and submitted

at one time, or submitted with the candidate profile.

1. **Résumé or vita:** Nominees should include a current résumé or vita to supplement the information on the nomination form.
2. **Deadlines:** All materials requested, including the candidate profile, résumé or vita and advocate forms must be submitted via email ([honorsandawards@nata.org](mailto:awardnominations@nata.org)) by October 1 for consideration. Candidates and sponsors will receive an e-mail from the national office when the application is complete. Candidates and sponsors are welcome to contact the national office (call Angela De Leon at 972-532-8832 or e-mail [honorsandawards@nata.org](mailto:awardnominations@nata.org)) to check the status of application components at any time.
3. **Evaluation process:** The review process takes several weeks. Nominations are evaluated and scored by the Specialty Awards Committee. The group’s recommendations will be forwarded to the NATA Board of Directors, which will grant final approval.
4. **Notification***:* All sponsors and candidates will be notified of the NATA Board of Directors’ selection of award recipients no later than April 15.
5. **Awards presentation***:* Honorary Membership recipients will be recognized during the NATA Annual Meeting and Clinical Symposia in June.

**Questions?** Please contact Angela De Leon at 972-532-8832 or [honorsandawards@nata.org](mailto:awardnominations@nata.org).

**Checklist**

Be sure you’ve included the following:

***Sponsor***: \_\_\_\_ Four to six advocate forms (unless it was agreed the candidate would obtain and submit

the forms). *Please do not send more than the requested number of forms.*

***Nominee***: \_\_\_\_ Completed candidate profile

\_\_\_\_ Résumé or vita

\_\_\_\_ Four to six advocate forms (unless it was agreed the sponsor would obtain and submit the forms). *Please do not send more than the requested number of forms.*

*On behalf of the National Athletic Trainers’ Association, the Honors and Awards Committee and the Specialty Awards Committee, thank you for your contributions to the athletic training profession and the association.*

***The NATA does not discriminate against any legally protected class.***

**DEADLINE:**

Thank you for ensuring NATA receives all nomination materials by **October 1**.

**E-MAIL TO:**

[honorsandawards@nata.org](mailto:awardnominations@nata.org)

**Sample Criteria**

*Below are criteria that the Honors and Awards committee uses to evaluate nominees in specific professions. Please use this information as a guide when completing your form.*

1. EDUCATOR:
   1. Lecture and/or supervise, on a regular basis, an athletic training education program at an educational institution

*Ex: Lecturer or coordinator of off-campus graduate students, but not a certified athletic trainer*

* 1. Lecture regularly or periodically on athletic training subjects in non-traditional athletic training educational program. Provide list of subjects, program setting and dates

*Ex: seminars, clinics, CEU programs*

1. LEGISLATOR:
   1. Sponsors, writes, manages legislation for athletic trainers at local, state or national level. Provide a sponsor letter of support and supporting documentation

*Ex: Floor leader for athletic trainers in health care legislation*

1. BUSINESS:
   1. Supplier membership in NATA (optional)
   2. Attendance at state, district, and/or national conventions
   3. Supports and promotes NATA activities through financial assistance, physical involvement or participation at state, district, and/or national level. (Individuals associated or employed by corporate sponsors are included in this category.)

*Ex: golf tournament, fun runs, tours, scholarship grants*

1. INTERNATIONAL:
   1. International membership in NATA (optional)
   2. Promotes the profession of athletic training through:
      1. Financial (direct to NATA, students, travel for NATA members for educational purposes)
      2. Scholarships for students to come to USA for educational purposes
      3. Public relations (must be documented)
      4. Educational support (being active in the athletic training educational process)
2. PHYSICIANS:
   1. Must have letter from sponsoring ATC stating how physician’s services benefit the profession. Activities outside immediate medical care that have been of service to NATA at state, district, national level include:
      1. Presentations at state, district, national symposia
      2. Regular attendance at state, district and national symposia
      3. Educational contributions at professional preparation meetings or CEU programs
      4. Published in NATA publications or other allied health publications
      5. Completed research, published or unpublished, that is directed toward the advancement of athletic training
3. ALL CANDIDATES:
   1. Participation in service clubs, lodges, politics and civic organizations only as related to athletic training or sports medicine

*Ex: Volunteer coverage of Special Olympics*

* 1. Membership in or liaison to other allied health professions or professional organizations

*Ex: National Strength and Conditioning Association*

* 1. Counseling and advising NATA members and/or students of athletic training in areas related to athletic training for professional preparation or CEU purposes

*Ex: Substance abuse education*

* 1. Sponsor educational grants to students pursuing advanced degrees

**NATA Honors & Awards Candidate Advocate Form**

*NATA Honorary Member*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Candidate Information** | | | | | | | |
|  | | | | | | | |
| **Name** |  | | | | | | |
| ***Please list your name as you would like it to appear on your recognition item (plaque, certificate, etc.).*** | | | | | | | |
| **Advocate Information** | | | | | | | |
|  | | | | | | | |
| **Name** |  | | | | | | |
| **Employer** | |  | | | | | |
| **Occupation** | | |  | | | | |
| **E-mail** |  | | | | Home  Work | | |
| **Phone** |  | | | | Home  Work  Cell | | |
| **Relationship to candidate** | | | |  | | **Years known** |  |
|  | | | | | | | |
| **Please answer the following questions candidly and completely, to provide an illustration of the impact the candidate’s contributions have made.** | | | | | | | |
|  | | | | | | | |
| 1. **How has the candidate impacted you, your organization or your community in regards to athletic training?** | | | | | | | |
|  | | | | | | | |
| 1. **How have the candidate’s activities and contributions served to advance the athletic training profession and/or positively impacted the quality of health care provided by athletic trainers?** | | | | | | | |
|  | | | | | | | |
| 1. **In your opinion, what has been the candidate’s most significant contribution to the athletic training profession? What was the result of this contribution and who did it impact?** | | | | | | | |

**NATA Honorary Membership**

**Candidate Profile**

**Personal**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  | | | |  | | | |  | | |  | | | |
| **Last** | | | | **First** | | | | **Middle** | | | **Credentials** | | | |
| **NATBOC Certification #:** | | |  | | **Certification Date (mm/yyyy):** | | |  | | **Membership #:** | |  | | **District #:** | |  |
| **Home Address:** | | |  | | | | | | |  | | |  | |  | |
| **Street Address** | | | | | | | **City** | | | **State** | | **Zip** | |
| **Work Address:** | | |  | | | | | | |  | | |  | |  | |
| **Street Address** | | | | | | | **City** | | | **State** | | **Zip** | |
| **Work Phone:** | | |  | | | | | | **Home Phone:** | |  | | | | | |
| **Fax:** |  | | | | | **E-mail:** |  | | | | | | | | | |
| **Primary Occupation:** | | | |  | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Professional Category**  **(*Check where appropriate*)** | Educator | Legislator | Business | International | Physician | Special Consideration |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please check the years you have been associated with the NATA** | | | | | | | | | | | | | | | | | | | |
| 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 | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 |
| 10 | 11 | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Professional/Education**

**Degree earned *(in chronological order starting with most recent)***

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| --- | --- | --- | --- |
| **Degree** | **College/University** | **City, State** | **Year** |
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**Honorary Degree Earned *(in chronological order starting with most recent)***

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| --- | --- | --- | --- |
| **Degree** | **College/University** | **City, State** | **Year** |
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**Professional Certification(s) and/or License(s)**

|  |  |
| --- | --- |
| **Certification or License(s)** | **Year** |
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**Career History (in chronological order starting with most recent)**

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| --- | --- | --- | --- | --- |
| **Position** | **Place of Employment** | **City, State** | **From** | **To** |
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**Career-Related Activities (List where you have used your position to promote athletic training/sports medicine)**

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| --- | --- | --- | --- | --- |
| **Position** | **Place of Employment** | **City, State** | **From** | **To** |
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**Creative Works (i.e. books, journals, inventions, patents, etc. in athletic training/sports medicine)**

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| --- | --- | --- | --- | --- |
| **Role (i.e. author, editor, etc.)** | **Type of Work (i.e. book, invention)** | **Title** | **Year** | **List any honors received and year they were awarded** |
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**Military Record or Other Governmental Service**

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| --- | --- | --- | --- | --- |
| **Highest Rank/Position** | **Branch of Service/Government Entity** | **City, State** | **From** | **To** |
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**Awards, Honors and Grants (related to promoting athletic training/sports medicine)**

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| --- | --- | --- | --- |
| **Award** | **Granting Body** | **Location (if applicable)** | **Year** |
|  |  |  |  |
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**Professional Memberships (in other allied organizations, i.e. National Strength and Conditioning Association)**

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| --- | --- | --- |
| **Organization** | **From** | **To** |
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**Clubs and Lodges (only as they relate to athletic training/sports medicine)**

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| --- | --- | --- | --- | --- |
| **Organization** | **Office Held** | **City, State** | **From** | **To** |
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**Other Relevant Information**

At your discretion, please supply any other pertinent information

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|  |

**Candidate Electronic Signature**

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

I, the undersigned, attest that 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*

*Honors and Awards Committee and the Specialty Awards Committee*

**DEADLINE**:

Thank you for ensuring NATA receives all application materials by **October 1.**

**E-MAIL TO:**

[honorsandawards@nata.org](mailto:honorsandawards@nata.org)