**NATA Honors & Awards Candidate Advocate Form**

*President’s Challenge Award*

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| **Candidate Information** | | | | | | | |
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| **Name** |  | | | | | | |
|  | | | | | | | |
| **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.** | | | | | | | |
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| 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?** | | | | | | | |
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| 1. **In your opinion, what has been the candidate’s most significant contribution that directly impacted health care in the area of athletics, athletic training or sports medicine? What was the result of this contribution and who did it impact?** | | | | | | | |