**President’s Challenge Award**

**Instructions and Information**

*The National Athletic Trainers’ Association has established an annual award for outstanding contributions that directly impact health care in the area of athletics, athletic training, or sports medicine and have a national impact or are of major and lasting importance. This award provides a stimulus for continued service, research and education in the field of athletic health care. It fosters joint recognition among members of the NATA and other disciplines and reminds us of the very important role all groups play in the future of athletic care.*

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

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

1. **Eligibility:** Any non-athletic trainer who has had an impact on sports medicine and meets the requirements of the award, as set forth under “criteria” is eligible. A President’s Challenge Award candidate exemplifies the mission statement of the NATA and the NATA Code of Ethics; by their conduct and advancement of the profession.
2. **Criteria of Contributions in Sports Medicine**: The nomination should be based upon a specific contribution to sports medicine by an individual whose actions:
3. Result in a recognizable improvement in the quality of health care in the area of athletics, athletic training or sports medicine; and
4. Have an impact that is either national in scope or of major and lasting importance.
5. **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 candidate profile has been designed to include all areas that qualify for evaluation for the President’s Challenge Award. 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 reserve 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 three 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 three advocate forms.

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 recommendation 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***:* The President’s Challenge Award will be presented during the General Session at the NATA Annual Convention and announced in the *NATA News*.

**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***: \_\_\_\_ Three 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

\_\_\_\_ Three 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)

**NATA Honors & Awards Candidate Advocate Form**

*President’s Challenge Award*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 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 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?** | | | | | | | |

**NATA Candidate Profile**

**.**

*As you are completing each section, the fields will expand to accommodate your answers. Should you need additional lines, press “tab” after you’ve filled out the last nine shown. Another line will be added. Throughout the profile, additional instructions for each section may be found by pressing “Ctrl” and clicking on the icon. To return to your original place in the profile, press “Ctrl” and click on the corresponding number.*

**CANDIDATE INFORMATION**

**Personal**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | | |  | | | | | | | | | | | | | | | | |
| **Secondary Occupation:** | | | | |  | | | | | | | | | | | | | | | | |
| **Are you fully retired?** | | | |  | | **Are you retired, but still active in some career-related areas?** | | | | | |  | | **Are you completing this form for a deceased member?** | | | | | |  | |
|  | | | | **Y/N** | |  | | | | | | **Y/N** | |  | | | | | | **Y/N** | |

**Professional/Education**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **Place of Employment** | **City, State** | **From** | **To** |
|  |  |  |  |  |
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**Enriching the Profession**

**Mentoring Activities**

List volunteer activities where you have served as a mentor to current or potential future athletic trainers (service as a volunteer ACI, sponsor of a student AT club, college or high school athletic training student workshops, etc.).

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# Promoting Health and Safety

[](#_Examples_include:)List involvement with activities and initiatives to increase athlete/patient/client safety, reduce the risk of injury or illness, or promote health and wellness. 1

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# Unique Contributions

[](#_Examples_include:_1)List your contributions, innovations or inventions that have enhanced the quality of healthcare provided by athletic trainers or advanced the profession of athletic training. 2

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**Additional Comments**

Please provide additional information, or elaborate on any above items, in regards to your contributions to enriching and promoting the athletic training profession.

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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.*

# Explanations

# *To return to the profile, press “Ctrl” and click on the corresponding number.*

# [1.](#_Promoting_Health_and) Examples include:

# Patient/Parent/Coach education workshops

# Using PPG/PIG to increase care and coverage

# Using the AMCIA or AMCSSAA

# Introducing new safety standards, such as AEDs

# Public awareness campaigns, such as anti-spit tobacco efforts, development of concussion education resources, participation in NATA’s spearing video, etc.

# [2.](#_Unique_Contributions) Examples include:

# Invention of athletic training product or technique

# Establishing a scholarship program

Introducing athletic training to a new or atypical setting (a new geographic area or school system, new sport or industry, starting an AT related business)