**NATA Honors & Awards Candidate Advocate Form**

*NATA Honorary Member*

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| **Candidate Information** | | | | | | | |
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| **Name** |  | | | | | | |
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| **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 has the candidate impacted you, your organization or your community in regards to athletic training?** | | | | | | | |
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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 to the athletic training profession? What was the result of this contribution and who did it impact?** | | | | | | | |