



**TENNESSEE ATHLETIC
TRAINERS SOCIETY**

AWARDS NOMINATION FORM

CATEGORY (Mark One):

- Backbone Award
- Clinic/Professional Athletic Trainer of the Year
- College Athletic Trainer of the Year
- Corporate/Organization Award
- Hall of Fame
- High School Athletic Trainer of the Year
- Sports Medicine Person of the Year

Name of Candidate: _____

Candidate's Work/Organizational Affiliation: _____

Professional Designation (e.g. ATC/L, MD, etc): _____

Total Years of Experience: _____

At High School Level: _____

At College Level: _____

At Professional Level: _____

Recommendation Overview:

1. Commendable Personal Traits are:

2. Commendable Professional Activities or Contributions are:

3. Promoted Athletic Training in Tennessee by:

4. Other Important Aspects or Considerations with Detailed Description of How Nominee's Contributions have Impacted the Profession: (Use additional paper if necessary)

Person Submitting Nomination: _____ **State License Number:** _____

Your: NATA Member Number: _____ **BOC Certification Number:** _____

Signature: _____ **Date:** _____

Address: _____

E-mail: _____ **Work/Cell Phone:** _____

**PLEASE COMPLETE THE FOLLOWING SECTIONS ON PAGES TWO THROUGH FIVE -
THE COMMITTEE WILL CONSIDER EACH CATEGORY AND ITS RELEVANCE TO THE
RESPECTIVE AWARD - YOU MAY ATTACH ADDITIONAL SHEETS IF NECESSARY**

- List the locations and dates the nominee **was in attendance** at the Annual TATS meetings.
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

- List the locations, dates, and topic of **presentations that the nominee has given** at State, District or National athletic trainer meetings (up to five). ***List meeting, dates, topics, and locations:***
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

- List up to two elected or appointed offices that the nominee has held in the **STATE** athletic training association of **TATS** (President, Vice-President, Secretary, etc.). ***List office and dates:***
 - 1.
 - 2.

- List up to two elected or appointed offices that the nominee has held in a **DISTRICT or NATIONAL** athletic training association (President, Vice-President, Secretary, etc.). ***Indicate distinct, date and office:***
 - 1.
 - 2.

- List up to two elected or appointed offices that the nominee has held in an allied-health organization such as PBATS, PFATS, ACSM, APTA, AAHPERD, etc. **(not NATA related)** - (President, Vice-President, Secretary, etc.). ***Indicate organization, date and office:***
 - 1.
 - 2.

- List the candidate's service on a **state committee** up to five years of involvement. ***Indicate committee(s) and years:***
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

- List the candidate's service as a **chair of a state committee** up to five years of involvement. ***Indicate committee (s) and years:***
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

- List the candidate's involvement in **volunteer athletic training activities** in the coverage of athletic events. List up to five different volunteer experiences.
Indicate organization/event, duties, location and dates of volunteerism:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

- List the candidate's involvement as a **BOC certification test examiner, monitor, or model.**
Indicate the sites and dates of up to five examinations:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

- List the candidate's involvement as a **site host for a BOC certification exam.**
Indicate the sites and dates of up to five:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

- List the candidate's involvement as a **program director** of an undergraduate or graduate athletic training curriculum program.
Indicate the college/university, title and dates up to five years:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

- List the candidate's involvement as a **coordinator** of an undergraduate internship athletic training program.
Indicate the college/university, title and dates up to five years:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

- List the candidate's involvement as a **clinical instructor** in an athletic training educational program (*curriculum or internship*).
Indicate the college/university and years, up to five years:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.

- List the candidate's involvement as a **teacher of the following courses at the college or high school level in Tennessee.**

Indicate the school and year for each (only one for each year):

	<u>SCHOOL</u>	<u>YEAR</u>
Introductory Athletic Training	_____	_____
First Aid /CPR	_____	_____
Advanced Athletic Training	_____	_____
Other sports medicine courses (List:)	_____	_____
Other sports medicine courses (List:)	_____	_____

- List the candidate's involvement as a **supervisor (direct daily contact) of high school or college students who serve as athletic training students.** *Indicate dates of supervision, name and location of school and number of students:*

- 1.
- 2.
- 3.
- 4.
- 5.

- List the candidate's involvement as an **author of articles** published in athletic training or sports medicine related publications. *Indicate title, publication, and date, up to five articles with name and date of publications:*

- 1.
- 2.
- 3.
- 4.
- 5.

- List the candidate's involvement as an **author of educational materials** in athletic training, sports medicine, or related area. *Indicate title, year, and publisher and include up to three texts, books, A-V materials, etc:*

- 1.
- 2.
- 3.

- List the candidate's involvement as an **inventor or innovator of a product or technique** that is unique to the profession of athletic training/sports medicine. *Indicate up to two product techniques (Be specific):*

- 1.
- 2.

- List the candidate's involvement as a **presenter/speaker** on athletic training material or related subject matter to local groups, organizations, etc. *List up to five presentations and include topic, group, and dates:*

- 1.
- 2.
- 3.
- 4.
- 5.

- List the candidate's involvement in **local public relations activities** in the promotion of the profession of athletic training. **List up to five public relation activities and dates:**
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
- List the candidate's involvement in **state or district public relations activities**. **List up to three specific activities and dates:**
 - 1.
 - 2.
 - 3.
- List the candidate's contributions or involvement in activities not categorized on this form that deserve consideration. **(Be very specific – Use additional paper if necessary.)**
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
- The sponsor should include three letters of recommendation for Hall of Fame candidates describing in detail the exceptional performance of the duties and responsibilities of the candidate as an athletic trainer in the State of Tennessee and how the candidate's contributions have impacted the profession. Two must be from certified active members of TATS in good standing and the third from a physician licensed in the State of Tennessee.**
(Please print the names of individuals below and include letters with this nomination form)

Name of Candidate: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail address: _____ **Work/Cell Phone:** _____

Is candidate a current TATS Member: Yes___ No___ If yes, years a TATS Member: _____ to _____
 Is candidate a current NATA Member: Yes___ No___ If yes, years NATA Member: _____ to _____
 Is candidate currently an ATC? Yes___ No___ If yes, BOC Certification Number: _____
 Is candidate currently state licensed? Yes___ No___ If yes, State Licensure Number: _____

Please submit all materials to:
Scott Byrd MS, ATC/L
709 Middle Creek Road Sevierville, TN 37862
(865) 429-6538 (office)
sbyrd@covhlth.com
Deadline for Nomination is December 1st.