

**ILLINOIS ATHLETIC TRAINER'S ASSOCIATION, INC.  
CLINIC HOSPITAL RECOGNITION AWARD APPLICATION**

**To be completed by the sponsor:**

**Print these forms, then fill it out and mail to the IATA Vice President.**

**SECTION 1-Nomination Form**

**MUST BE TYPED OR NEATLY PRINTED**

Date: \_\_\_\_\_

Name of Sponsor:  Yes  No \_\_\_\_\_

Position: \_\_\_\_\_ Credentials: \_\_\_\_\_

IATA Member:

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 2-Letter of Nomination by ATC Sponsor**

**MUST BE TYPED OR NEATLY PRINTED**

In addition to the completed nomination packet, you must include:

- A sponsor letter must accompany application and any supplementary materials**

Please return this entire application form, completed by the sponsor and candidate, with a full resume to:

Vice-President. Contact information can be found on the "board of directors" tab on the ABOUT section of [www.illinoisathletictrainers.org](http://www.illinoisathletictrainers.org)

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**To be completed by candidate:**

**SECTION 2-Requirements**  
**MUST BE TYPED OR NEATLY PRINTED**

Part 1-INFORMATION

Date: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_

Name of Sports Medicine Program: \_\_\_\_\_

Year Established: \_\_\_\_\_

Number (#) of Sports Medicine Personnel by Credential: \_\_\_\_\_

Indicate which employees are IATA members: \_\_\_\_\_

**Part 2-CRITERIA**

- 1. Provide proof of Certified Athletic Trainer(s) employed in your Program(eg. Copy of BOC certificate, and/or ILDoPR License and proof of employment document.**
- 2. Compose a Mission Statement-sheet included at end of application form**
- 3. Compose a Summary of you history and services offered(no more than 100 words)-sheet included at end of application form**

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Part 2-CRITERIA

Mission Statement:

***ILLINOIS ATHLETIC TRAINER'S ASSOCIATION, INC.***  
***CLINIC HOSPITAL RECOGNITION AWARD APPLICATION***

Part 2-CRITERIA

Summary of Services(no more than 100 words):