



# NAIA-ATA Athletic Trainer of the Year

## Criteria for selection:

- ✓ Nominee is a member in good standing in the NAIA-ATA and the NATA as a Certified Athletic Trainer
- ✓ Nominee is currently employed by an NAIA institution as an Athletic Trainer.
- ✓ Nominee has distinguished themselves as a model of the Athletic Training profession in personal conduct and professional allied health services to athletes.
- ✓ Nominee is nominated by a Certified Athletic Trainer in good standing in the NAIA-ATA and the NATA **OR** the nominee's Athletic Director.
- ✓ Nominee has not received this award in the last three years.

## Directions for completion and submission:

- ✓ Nomination form **MUST** be typed. Handwritten nominations will not be considered.
- ✓ Nomination **MUST** be received by **April 22, 2011**.
- ✓ Submit nominations to: Adam Thompson, NAIA-ATA Vice President.
  - Mail: Indiana Wesleyan University, 4201 S. Washington Street, Marion, IN 46953
  - Fax: 765-677-2328
  - Email: [adam.thompson@indwes.edu](mailto:adam.thompson@indwes.edu)

## NOMINATION INFORMATION

Nominee's Name: \_\_\_\_\_

Nominee's Institution: \_\_\_\_\_

Institution Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Nominee's Office Phone: \_\_\_\_\_ Nominee's email: \_\_\_\_\_

Does the nominee meet each of the criteria above? Yes  No

How has the nominee distinguished herself/himself? \_\_\_\_\_

How has the nominee brought honor to their institution, the Athletic Training profession and/or the NAIA? \_\_\_\_\_

What unique personal and professional qualities define the nominee? \_\_\_\_\_

### Nominator Information

You are (please choose one): <input type="checkbox"/> An ATC from an NAIA institution <input type="checkbox"/> The nominee's Athletic Director		
Your institution address: _____		City, State, Zip: _____
Your email: _____	Your office phone _____	
_____ Your name	_____ Signature	_____ Date: