

NORTH DAKOTA ATHLETIC TRAINERS ASSOCIATION CERTIFIED ATHLETIC TRAINER OF THE YEAR NOMINATION FORM

APPLICANT INFORMATION

Name:		
Credentials:	Phone:	Email:
Address:		
City:	State:	ZIP Code:
NATA Certification #:	ND AT License #:	Year Certified:
Years in the NDATA:	Year Licensed:	

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Position:
City:	State:	ZIP Code:

NOMINATOR INFORMATION

Name:	Title:	
Address:		Phone:
City:	State:	ZIP Code:
Email:		

PROFESSIONAL EDUCATION

Degree	School	City/State	Year
1.			
2.			
3.			
4.			

CAREER HISTORY

Position	Organization	City/State	Year
1.			
2.			
3.			
4.			

NDATA SUPPORTED ACTIVITIES:

EXAMPLE: PRAIRE ROSE STATE GAMES, HOST STATE MEETINGS, SPECIAL OLYMPICS, VOLUNTEER AT, SHRINE GAMES

1.
2.
3.
4.

NDATA INVOLVEMENT ACTIVITY

(STATE, REGIONAL, & NATIONALS, AWARDS, HONORS, ACI)

1.
2.
3.

**NORTH DAKOTA ATHLETIC TRAINERS ASSOCIATION CERTIFIED ATHLETIC
TRAINER OF THE YEAR NOMINATION FORM**

4.

OFFICE USE

Form:

Recommendation Forms:

All Application materials (Information Form and Recommendations) should be mailed to:

Megan Willard, ATC LAT
Chair, Scholarship/Awards Committee
C/O Fargo North High School Athletic Training Room
801 N. 17th Avenue
Fargo, ND 58102
Email: megan.willard@sanfordhealth.org

Submitting materials through email, as attachments, is acceptable and encouraged.