

## **MATA Honors and Awards Program**

Do you know an individual who should be recognized for their outstanding contribution to the profession as a MATA member?

If so, take a few moments to nominate them as explained below.

MATA is now accepting nominations for the Hall of Fame, Sportsmedicine Person of the Year, and Athletic Trainer of the Year Award. **Deadline for submitting nominations is February 20th.**

### **MATA Hall of Fame**

#### **Award Description**

The MATA Hall of Fame was created to recognize the very best of the athletic training profession and is the highest honor which may be bestowed upon a member. Therefore, individuals inducted into the Hall of Fame must exemplify the mission statement of the MATA by enhancing the quality of health care provided by athletic trainers and advance the athletic training profession with such qualities as leadership, service, dedication, scholarly activities, promotion and professionalism.

#### **Qualifications:**

1. 10 years of membership or service to the MATA.
2. NATABOC Certification and/or licensure by the state of Mississippi.
3. Exemplary contributions to the profession of athletic training at the local, state, district, or national level (education, speaking, research, or writing, etc.).
4. The nominee can be eligible if he/she were retired or deceased prior to the formation of the MATA.
5. Consideration will be given to community involvement.

### **Sportsmedicine Person of the Year**

#### **Award Description**

This award is given to the person that has contributed to MATA and athletic training as a profession. Both medical and non-medical persons have been recipients of this award. This award is the highest award given to a person who may not be an athletic trainer and is designed to show the State's appreciation for particular contributions to the field of athletic training.

#### **Qualifications:**

1. Exemplary contributions to the profession of athletic training at the local, state, district or national level.
2. Exhibit a strong desire to promote the mission of the MATA and/or NATA.
3. Consideration will be given to community involvement.
4. Candidate ***does not*** have to be an allied health care professional (examples of candidates may include, but are not limited to: physicians, coaches, superintendents, news media, etc.).

# **Athletic Trainer of the Year**

## **Award Description**

The Athletic Trainer of the year Award recognizes MATA members for their contributions to the athletic training profession and the association.

## **Qualifications:**

1. Active member of the MATA with at least 5 years of service.
2. Current NATABOC Certification and/or licensure by the state of Mississippi.
3. Exemplary contributions to the profession of athletic training at the local, state, district, or national level.
4. Consideration will be given to community involvement.

## ***Nomination Checklist***

- Please type or print all information.
- Include the completed Application Form.
- Include three (3) letters of recommendation from:
  1. An employee (administrator, fellow staff athletic trainer, coach etc.)
  2. A certified Athletic Trainer from within the state of Mississippi.
  3. An allied health professional with whom the nominee has worked outside of his/her place of employment (physician, physical therapist, or athletic trainer, etc.).
- All nomination material must be received by February 20<sup>th</sup>.

Mail nomination material to: Dana Hale, MS, ATC  
Itawamba Community College  
602 West Hill Street  
Fulton, MS 38843  
(662) 862-8126 Office  
(662) 862-8029 Fax  
[dlhale@iccms.edu](mailto:dlhale@iccms.edu)

Material maybe mailed, faxed, or e-mailed. Feel free to contact me with any questions or comments.

# Application Form

Check the appropriate Award

- MATA Hall of Fame
- Sportsmedicine Person of the Year
- Athletic Trainer of the Year

Please type or print all information

## **TO BE COMPLETED BY SPONSOR:**

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

Name of sponsor: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_

(W) \_\_\_\_\_

E-mail \_\_\_\_\_

## **CANDIDATE INFORMATION:**

Name: \_\_\_\_\_  
Last First Middle Credentials

### Work Address:

Organization Name Street Address

City State Zip Code ( ) Phone Number

E-mail Address ( ) Fax Number

Home Address:

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Street Address

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City State Zip Code ( ) Phone Number

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E-mail Address ( ) Fax Number

**Occupation:**

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

**If Nominating for MATA Hall of Fame:** Fully Retired: \_\_\_\_\_ Retired, some career activity: \_\_\_\_\_

**My reason for submitting this nomination:**

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*Signature of sponsor:* \_\_\_\_\_

Certification number: \_\_\_\_\_

MS Licensure number: \_\_\_\_\_