

MATA Sports Medicine Person of the Year

Eligibility Requirements:

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.).

Nomination Process:

1. Any active MATA member may nominate an individual for this award by sending the completed application form and 3 letters of recommendation.
2. The completed nomination materials must be submitted to the Chairperson of the Honors and Awards Committee by **February 20th**.
3. The members of the Honors and Awards Committee will review the nominations and submit the names to the MATA Executive Committee.
4. The Executive Committee need not select a recipient every year.
5. Non-selected nominees will be considered one additional year following the initial nomination.
6. In the event no nomination is received, the Honors and Awards Committee rejects all nominees, or the Executive committee rejects the nominees, the Honors and Awards Committee is then responsible for nominating and recommending a candidate to the Executive Committee.
7. The actions of the Executive Committee are to remain private with the exception of announcing the recipient or the decision not to present the award.

Application for MATA Sports Medicine Person 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) _____

Name of candidate: _____

My reason for submitting this nomination:

Signature of sponsor: _____

Certification number: _____

MS Licensure number: _____

CANDIDATE INFORMATION:

Name: _____
Last First Middle Credential(s)

Work Address:

Organization Name Street Address

City State Zip Code () Phone Number

E-mail Address () Fax Number

Home Address:

Street Address

City State Zip Code () Phone Number

E-mail Address () Fax Number

Occupation:

Primary: _____

Secondary: _____

Fully Retired: _____ Retired, some career activity: _____

Education:

Degree Earned	School	City/St.	Year(s) Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional Certification(s) and/or Licensures:

Title	Cert./Lic.	Year(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Career History: (List in chronological order)

Position	Organization	City/St.	Year(s)

Professional Memberships: (Include any offices held or awards received)

Organization	Role	Year(s)

Civic and Political Activities: (Include any awards received)

Role	Organization	Location	Year(s)

Contributions to the MATA: (Please identify specific evidence of why this nominee is deserving of this award; attach any supportive materials – e.g. articles written, presentation material, etc.)

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Nomination Checklist

- Please type or print all information.
- Include the completed Application Form.
- Include three (3) letters of recommendation from:
 1. The nominating MATA member
 2. Another certified Athletic Trainer from within the state of Mississippi
 3. Any individual associated with athletics and/or athletic health care (coach, athletic director, team physician, school nurse, etc.)
- All nomination material must be received by February 20th.

Mail nomination material to: Dana Hale, MS, ATC
Itawamba community college
602 West Hill Street
Fulton, MS 38843
662-862-8126
dlhale@iccms.edu