

MATA Hall of Fame

Eligibility Requirements:

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.

Nomination Process:

1. Any active MATA member may nominate an individual for this award by sending the completed application form, curriculum vitae, 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 Hall of Fame

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: _____

Military Service: (Include any awards, honors, grants, etc.)

Highest Rank Branch of Service Year(s) Location

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

Organization Role Year(s)

Contributions to the MATA: (Include any offices held, service roles, or presentations, etc.)

Role Date(s)

Other Significant Information:

Candidate's Signature: _____

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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. 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 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