***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 **April 15th** .

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:

NPI number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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:

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. Number Year

|  |  |  |  |
| --- | --- | --- | --- |
| **Career History:** | (List in chronological order) |  | |
| Position | Organization | City/St. | Year(s) |

**Creative Works:** (Books or journals, patents, inventions; include awards for these works)

Type of Work Title Year

**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:** (Include any offices held, service roles, or presentations, etc.)

Role Date(s)

**Other Significant Information:** (Specific events or activities that make this candidate deserving).

**MATA Sports Medicine Person of the Year**

***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 April 15th .

**Mail nomination material to:** Felecia Saulter, MEd, ATC

3 Bastille St

Brandon, MS 39047

fsaulter\_atc@yahoo.com