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# HALL OF FAME APPLICATION FORM

Candidates must submit the following documents to the NCATA President no later than Nov 1.

1. Completed NCATA Hall of Fame Application

2. Updated Curriculum Vitae / Resume

3. Three (3) Reference Forms

4. Digital Photograph for inclusion on NCATA website and HOF Plaque (if elected to HOF)

## PERSONAL INFORMATION

Name:

Credentials:

NATA Member #:

NCBATE License #:

BOC Certification #:

NPI Number:

Place of Employment:

Work Address:

Work Phone:

Cell Phone:

E-Mail Address:

Social Media Handles (Instagram, X):

Ring Size:

## PROFESSIONAL/EDUCATIONAL

|  |  |  |  |
| --- | --- | --- | --- |
| Earned Degree | Institution | City/State | Year(s) of Degree or Attendance |
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## CAREER HISTORY

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| --- | --- | --- | --- |
| Position | Institution | City/State | Year(s) of Employment |
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## SECTION I: STATE CRITERIA

NCATA CLINICAL SYMPOSIUM ATTENDANCE (Indicate how many you have attended in the last 10 years)

|  |  |  |
| --- | --- | --- |
| 1-4 | 5-7 | 8-10 |

NCATA SERVICE / BOARD OF DIRECTORS (List in chronological order ending with most recent)

|  |  |  |
| --- | --- | --- |
| Position/Title | Start Date | End Date |
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NCATA SERVICE / COMMITTEES (List in chronological order ending with most recent)

|  |  |  |
| --- | --- | --- |
| Committee | Title (Chair/Member) | Years of Service |
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NCATA CLINICAL SYMPOSIUM PRESENTATION (List in chronological order ending with most recent)

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| --- | --- | --- |
| Meeting Title | Poster/Platform/Roundtable | Year |
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NCATA AWARDS (List in chronological order ending with most recent)

|  |  |
| --- | --- |
| Award Title | Year |
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OTHER SERVICE TO AT BOARDS IN NC (NCBATE / NCATA PAC) (List in chronological order ending with most recent)

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| --- | --- | --- |
| Position/Title | Start Date | End Date |
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LOCAL SERVICE (COMMUNITY SERVICE / CHARITABLE SERVICE) IN NC (List in chronological order ending with most recent)

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| --- | --- | --- |
| Position/Title | Start Date | End Date |
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OTHER NC CLINICAL SYMPOSIUM PRESENTATION (List in chronological order ending with most recent)

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| --- | --- | --- |
| Meeting Title | Location | Year |
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## SECTION II: DISTRICT & NATIONAL CRITERIA

MAATA & NATA CLINICAL SYMPOSIUM ATTENDANCE (Indicate how many you have attended in the last 10 years)

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| --- | --- | --- |
| 1-4 | 5-7 | 8-10 |

MAATA & NATA SERVICE / COMMITTEES (List in chronological order ending with most recent)

|  |  |  |
| --- | --- | --- |
| Committee | Title (Chair/Member) | Years of Service |
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MAATA & NATA CLINICAL SYMPOSIUM PRESENTATION (List in chronological order ending with most recent)

|  |  |  |
| --- | --- | --- |
| Meeting Title | Poster/Platform/Roundtable | Year |
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MAATA & NATA SERVICE / BOARD OF DIRECTORS (List in chronological order ending with most recent)

|  |  |  |
| --- | --- | --- |
| Position/Title | Start Date | End Date |
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MAATA & NATA AWARDS (List in chronological order ending with most recent)

|  |  |  |
| --- | --- | --- |
| Award | Organization | Year |
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CAATE, NATA PAC, BOC SERVICE / BOARD OF DIRECTORS (List in chronological order ending with most recent)

|  |  |  |
| --- | --- | --- |
| Position/Title | Organization | Date(s) |
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## PUBLICATIONS

List articles, chapters & textbooks published in the field of Sports Medicine in chronological order ending with most recent

|  |  |  |
| --- | --- | --- |
| Title | Journal/Publisher | Year Published |
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## NATIONAL & INTERNATIONAL ATHLETIC TRAINING SERVICE

(ie: USOC, World Games) (List in chronological order ending with most recent)

|  |  |  |
| --- | --- | --- |
| Event | Title | Date(s) |
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## OTHER CONTRIBUTIONS

List any other contributions to the profession of athletic training that have not been identified elsewhere (ie legislative work, sub- committee or committee supporting activities, preceptor, HOSA or leadership /AT recruiting groups etc):

## COMMUNITY INVOLVEMENT

List any other community involvement or activities that would support this nomination (ie leadership at workplace, awards from local community, local initiatives)