| North Carolina Athletic Trainers’ AssociationLeadership Institute Application | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Directions: Please Complete this application by typing and emailing to [Ashleylong111@gmail.com](mailto:Ashleylong111@gmail.com) by NOVEMBER 1ST | | | | | | | | | | |
| Applicant Information | | | | | | | | | | |
| Name: | | | | | | | | | | |
| Preferred Email: | | | | | | Cell Phone: | | | | |
| Current address: | | | | | | | | | | |
| City: | | | | State: | | | | | ZIP Code: | |
| BOC Number: | | | | Certification Date: | | | | | NC License Number: | |
| Other Certifications: | | | | | | | | |  | |
| Employment Information | | | | | | | | | | |
| Current employer: | | | | | | | | | | |
| Work address: | | | | | | | | | | |
| City: | | | State: | | | | | ZIP Code: | | |
| Job Title: | | | | | | | | Years Worked There: | | |
| Leadership experience | | | | | | | | | | |
| Any Previous Leadership Roles Held/Experiences : (Three Maximum) | | | | | | | | | | |
| Institution | | Title | | | | | Brief Role Description | | | |
| 1. | |  | | | | |  | | | |
| 2. | |  | | | | |  | | | |
| 3. | |  | | | | |  | | | |
| Essay | | | | | | | | | | |
| Please describe why you desire a fellowship in the NCATA Leadership Institute. Why do you believe it is important to become engaged in and serve the athletic training profession? What are the unique qualities that you display that make you an excellent candidate for the Leadership Institute and could be of service to the NCATA? (500 words or less) | | | | | | | | | | |
| TYPE ESSAY HERE: | | | | | | | | | | |
| Professional Goals | | | | | | | | | | |
| Please outline your top three career goals. How will leadership training benefit you in reaching each of these goals? | | | | | | | | | | |
| Goal | | How will leadership training assist? (100 words or less) | | | | | | | | |
| 1. | |  | | | | | | | | |
| 2. | |  | | | | | | | | |
| 3. | |  | | | | | | | | |
| References | | | | | | | | | | |
| Name | Title | | | | Email | | | | | Phone |
| 1. |  | | | |  | | | | |  |
| 2. |  | | | |  | | | | |  |
| 3. |  | | | |  | | | | |  |
| Signatures | | | | | | | | | | |
| I authorize the verification of the information provided on this form is correct to the best of my knowledge. | | | | | | | | | | |
| Signature of applicant:  (Typing your name will justify as signature) | | | | | | | | Date: | | |