



## **HALL OF FAME NOMINATION**

The highest honor a member of the WSATA can receive is induction into the WSATA Hall of Fame. The WSATA Hall of Fame is reserved for those individuals who have demonstrated outstanding service and continued commitment to the WSATA and the profession of athletic training. Individuals inducted into the Hall of Fame must exemplify the mission statement of the National Athletic Trainers' Association by enhancing the quality of health care provided by athletic trainers, and advance the athletic training profession with such qualities as leadership, service, dedication, scholarly activities and professionalism.

### **Eligibility Requirements:**

- Minimum of 20 years as a certified member working or living in the state of Washington.
- Nominated by a certified member of the WSATA
- A nominee is eligible for re-nomination
- Current members of the WSATA Executive Council (President, Vice President, Treasurer, and Secretary) are ineligible for consideration until they have completed their term in office

### **Nomination Procedure:**

- Complete the Hall of Fame Nomination Form
- Include a current copy of the nominee's curriculum vitae for verification purposes.
- Include three letters of recommendation. These letters are to support the nomination and will be utilized in the evaluation process.
- All materials must be submitted by February 1<sup>st</sup>, to:

Shane Wibel, MPH, LAT, ATC  
WSATA Honors & Awards Committee Chair  
Whitworth University  
300 W Hawthorne Road  
Spokane, WA 99251  
[swibel@whitworth.edu](mailto:swibel@whitworth.edu)



# HALL OF FAME NOMINEE FORM

Name of Nominating Athletic Trainer: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

NATA Member Number: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (Day): \_\_\_\_\_

Phone (Evening): \_\_\_\_\_

## **CANDIDATE INFORMATION:**

**Candidate Name (Last, First, Middle):** \_\_\_\_\_

**Candidate Credentials:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

<b>PROFESSIONAL EDUCATION:</b>		
<b>Degrees Earned:</b>	<b>School:</b>	<b>Years of Attendance:</b>

<b>PROFESSIONAL QUALIFICATIONS:</b>	
<b>Certification and/or Licensure</b>	<b>Year:</b>

<b>CAREER HISTORY:</b>			
<b>Position:</b>	<b>Organization:</b>	<b>City/State:</b>	<b>Dates:</b>

<b>WSATA COMMITTEE / TASK FORCE / WORKGROUP MEMBER:</b>		
<b>Committee:</b>	<b>Dates:</b>	<b>Chair (Y / N):</b>

<b>WSATA ANNUAL MEETINGS SERVICE:</b>			
<b>Service Category</b>	<b>Yes</b>	<b>No</b>	<b>Years Served</b>
<b>Overall Coordinator</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Exhibits Coordinator</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Program Coordinator</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Registrar</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Local Program Committee Chair</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Local Program Committee Member</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Quiz Bowl Director</b>	<input type="checkbox"/>	<input type="checkbox"/>	

Has the candidate ever been a mentor for the NWATA Athletic Training Student Association?

Yes

No

Years Served \_\_\_\_\_

<b>WSATA Annual Meeting Presenter</b> <i>(ie. Speaker, Poster Presenter, Roundtable Member)</i>	
<b>Location:</b>	<b>Dates:</b>

<b>WSATA Award Recipient</b>	
<b>Award:</b>	<b>Dates:</b>

<b>Elected to the WSATA Executive Council</b> <i>(President, Secretary, Treasurer, Secretary/Treasurer)</i>	
<b>Position:</b>	<b>Dates:</b>

**Has the candidate been recognized at their place of employment by citation, excellence award or exceptional job performance?**

<b>Award:</b>	<b>Location:</b>	<b>Date:</b>

**Has the candidate been a speaker for community service organizations (ie. PTA's, Career Days, etc.)?**

<b>Name of Group:</b>	<b>Location:</b>	<b>Date:</b>

**Has the candidate participated in a local service or charitable organization such as the Lions, Red Cross, United Way, Special Olympics or Church?**

<b>Name of Organization:</b>	<b>Location:</b>	<b>Date:</b>

**Has the candidate spoken to a local medical society, health care group or equivalent on athletic training topics?**

<b>Name of Group:</b>	<b>Location:</b>	<b>Date:</b>

**Has the candidate spoken at a state or local level coach's association meeting or workshop?**

<b>Name of Organization:</b>	<b>Location:</b>	<b>Date:</b>

**Has the candidate spoken at a District Athletic Training Association meeting?**

<b>State:</b>	<b>Year:</b>

**Has the candidate participated in athletic training student clinics or workshops?**

<b>Name of Clinic or Workshop:</b>	<b>Location:</b>	<b>Dates:</b>

**Has the candidate served as an officer of a regional organization for special interest? (e.g., High School, College, Conference, etc.)**

<b>Organization:</b>	<b>Position:</b>	<b>Dates:</b>

**Has the candidate served on a District Athletic Training Association Committee?**

<b>State:</b>	<b>Committee:</b>	<b>Years:</b>	<b>Chair (Y/N):</b>

**Has the candidate held an office in a District Athletic Training Association?**

<b>State:</b>	<b>Position:</b>	<b>Dates:</b>

**Has the candidate been inducted into a District Athletic Training Hall of Fame?**

<b>Awarding State</b>	<b>Year Received</b>

<b>Has the candidate been awarded a District Athletic Training Honor or Award?</b>	
<b>State:</b>	<b>Year:</b>

<b>Has the candidate served on a Board of Directors for any of the following Strategic Alliance Partners?</b> <i>(NATA, NATA Foundation, BOC, CAATE, etc.)</i>	
<b>Position:</b>	<b>Dates:</b>

<b>Has the candidate served as President/Director for any of the following Strategic Alliance Partners?</b> <i>(NATA, NATA Foundation, BOC, CAATE, etc.)</i>	
<b>Position:</b>	<b>Dates:</b>

<b>Has the candidate served on any Strategic Alliance Committee / Task Force / Workgroup as a Member?</b>		
<b>Position:</b>	<b>Dates:</b>	<b>Chair (Y/N):</b>



**Has the candidate served on any Strategic Alliance Committee / Task Force / Workgroup as a Chairperson?**

<b>Committee:</b>	<b>Dates:</b>

**Has the candidate been the recipient of an NATA Award?  
(ie. Most Distinguished Athletic Trainer, Service Award, etc.)**

<b>Award Received:</b>	<b>Dates:</b>

**Has the candidate published any articles in peer-reviewed journals?**

<b>Article Title:</b>	<b>Journal:</b>	<b>Publication Date:</b>

**Has the candidate authored a book or chapter(s) in a book?**

<b>Book Name:</b>	<b>Publication Date:</b>

**Has the candidate served as a professional consultant?**

<b>Location:</b>	<b>Dates:</b>

**Has the candidate made any other contributions to the profession of athletic training that has not previously been listed?**