



## **Washington State Athletic Trainers' Association Physician Award**

### **CRITERIA FOR APPLICATION**

The Washington State Awards Committee and Board of Directors seek to recognize a physician and his/her organization that support the athletic training profession and athletic trainers.

The nominating athletic trainer shall be responsible for the completion of all sections of the application and must upload completed nomination form by Friday February 15<sup>th</sup> to:

Shane Wibel LAT, ATC  
WSATA Honors & Awards Chair  
[swibel@whitworth.edu](mailto:swibel@whitworth.edu)  
509-777-3478

**THIS AWARD WILL BE PRESENTED AT THE WSATA STATE MEETING AT THE  
DISTRICT 10 ANNUAL CLINICAL SYMPOSIUM IN MARCH**

**Washington State Athletic Trainers' Association  
Physician Award  
Application Form**

To be completed by the nominating athletic trainer

**MUST BE TYPED**

Name of nominee \_\_\_\_\_

Organization: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone:

Office ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

On a separate sheet of paper, please provide a statement in support of your nominee. Consider areas such as: service to the profession of athletic training, specialized services given for athletes/patients, contributions to the profession, etc. Please limit response to 750 words.

Name of nominating athletic trainer \_\_\_\_\_

Employer \_\_\_\_\_

BOC Certification # \_\_\_\_\_

NPI # \_\_\_\_\_

**Correspondence Information**

Telephone # (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

Email address \_\_\_\_\_

Statement of Support:

A large, empty rectangular box with a thin black border, intended for a statement of support. The box is positioned below the text 'Statement of Support:' and occupies most of the page's vertical space.