NCATA AWARD NOMINATION FORM

Athletic Trainer of the Year

Secondary School – College/University – Clinical/Industrial/Professional – Educator
(Please circle one)

Nominee Name:_____

NCATA Member? Yes No (must be an NCATA member to be nominated)

Nominee Licensure Number:_____

Nominee Employer:_____

Nominee Address:_____
(work or home)

Nominee Phone:_____ (please circle: home work cell)

Nominee Email:_____

Sponsor Name:_____

NCATA Member? Yes No (must be an NCATA member in order to nominate)

Sponsor Phone:_____ (please circle: home work cell)

Sponsor Email:_____

Please include:
___Letter of recommendation from sponsor
___Resume or CV of nominee
___Additional letters of support (optional)

Please submit this form, along with all accompanying paperwork to:

Janna Fonseca
3700 NW Cary Parkway, Suite 110
Cary, NC 27513
Phone: 919-238-2009 Fax: 919-238-5010
Email: jfonseca@cfpsm.com