

Wisconsin Athletic Trainers' Association
Awards Nomination Form

Please check the award for which you are submitting a nomination:

- Distinguished Service Award (*At least 5 years of active WATA membership*)
- Outstanding Educator Award (*At least 5 years of active WATA membership*)
- Honorary Membership Award (*Non athletic trainer – at least 5 years of affiliation with the WATA and/or athletic trainers in Wisconsin*)
- Hall of Fame Award (*At least 15 years of active WATA membership*)

Nominee:

Name (include all professional credentials) _____

Title (if applicable) _____

NATA Member # of individual _____

The Nominee has been an active member of the WATA for _____ years.

Complete Mailing Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Email Address _____

Nominator:

Name (include all professional credentials) _____

Title _____

Complete Mailing Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Email Address _____

Checklist to complete nomination:

Distinguished Service Award	Outstanding Educator Award	Honorary Membership Award	Hall of Fame Award
<input type="checkbox"/> Nomination Form	<input type="checkbox"/> Nomination Form	<input type="checkbox"/> Nomination Form	<input type="checkbox"/> Nomination Form
<input type="checkbox"/> Letter of Nomination Detailing Qualifications	<input type="checkbox"/> Letter of Nomination Detailing Qualifications	<input type="checkbox"/> Letter of Nomination Detailing Qualifications	<input type="checkbox"/> Letter of Nomination Detailing Qualifications
<input type="checkbox"/> Electronic or Paper Submission of Nominee's Curriculum Vitae	<input type="checkbox"/> Electronic or Paper Submission of Nominee's Curriculum Vitae	<input type="checkbox"/> Electronic or Paper Submission of Nominee's Curriculum Vitae	<input type="checkbox"/> Electronic or Paper Submission of Nominee's Curriculum Vitae
			<input type="checkbox"/> Two Additional Letters of Support for Candidate Detailing Qualifications
			<input type="checkbox"/> *An 8x10 glossy color picture of the nominee as well as a biography (250 words or less) will be required if the nominee is selected.

Materials may be submitted to:

Anna Linstedt, LAT
WATA Honors and Awards Committee Chair
ThedaCare Sports Medicine
638 Zeh Ave.
Neenah, WI 54956
Email: watainc.awards@gmail.com

Submitting materials through email, as attachments, is acceptable and encouraged.

Nominations will be accepted between September 1 and December 1 of each year.

Nominations will not be considered complete unless all of the required materials are submitted on or before December 1.

Individuals submitting completed nominations will be notified of their award status no later than March 1.