

GREAT LAKES ATHLETIC TRAINER'S ASSOCIATION

NOMINATIONS COMMITTEE

ATHLETIC TRAINING QUALIFICATIONS AND EXPERIENCES

(Must be typed)

Full Name: _____ N.A.T.A CERT.# _____

Home Address: _____ Office Address: _____

Home Phone: _____ Office Phone: _____

Office Nomination: _____

1. Education:

College: _____ Degree: _____

College: _____ Degree: _____

College: _____ Degree: _____

Specialized
Training/Qualifications:

2. Experiences (Chronological Order, [most recent first]):

A. Name and Places of Athletic Training Duties:

B. Special Games or Contests:

3. Publications: (Books, Articles, Professional Publications):

4. Awards, Lectures, Other Endeavors Critical to Athletic Training:

5. Offices Held:

6. Summary Statement for this G.L.A.T.A. Office: