



# Distinguished Merit Award Nomination Form

**Deadline to Return this Form is December 1st**

**Candidate Information:** BOC Certification Number: \_\_\_\_\_  
PA License Number: \_\_\_\_\_  
NPI number: \_\_\_\_\_

Link for getting an NPI number if you do not have one: <https://nppes.cms.hhs.gov/NPPES>

NATA or PATS Member: Yes:  No:   
If "yes", membership number: \_\_\_\_\_

Name:

Address:

Phone:

City, State Zip

Employer:

Email:

**Has this candidate received any disciplinary or corrective actions?** Yes:  No:

**If "YES", please provide details in a separate letter and attach to this application!**

Note: all award applicants are subject to a background audit of their Public Record as it relates to the practice of athletic training in accordance with the State Board of Medicine of Pennsylvania.

**Please describe in depth why this person is deserving of the PATS Distinguished Merit Award.**

*Criteria to be considered includes, but is not limited to, demonstrated exemplary professional practice achievement in the primary employment setting as evidenced by honors and awards, recommendations, promotions and testimonies, leadership and service, promotion of athletic training, mentorship and volunteerism, educational and academic activities, and practice expertise. The nominee must be a BOC certified athletic trainer who has been in practice for a minimum of 15 years in their respective employment setting including, but not limited to, one of the following: 1) Secondary School; 2) College/University; 3) Professional Sport; 4) Clinic/Industrial/Corporate; 5) Educator; or 6) Other setting. Your nomination should include the vitae of the nominee (as a separate attachment). You may use additional pages if your recommendation exceeds the space provided below.*

**Nominator's Information:**

*I am a member in good standing of the Pennsylvania Athletic Trainers' Society:*    **Yes:**     **No:**

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Name (print):

Phone:

Address:

NPI#:  
(see link above if you do not have one !)

Employer:

Email:

Signature: \_\_\_\_\_

Date: