



Service Award Nomination Form

Deadline to Return this Form is December 1st

Candidate Information: Please check: ATC: Non-ATC:
 NATA or PATS Member: Yes: No: If "yes", membership number: _____
 BOC Certification Number: _____ PA License Number: _____
 NPI number: _____ Other Prof. License number (MD, etc.) _____
 Link for getting an NPI number if you do not have one: <https://nppes.cms.hhs.gov/NPPES>

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.

Name:

Address:

Phone:

Employer:

Email:

Please describe in depth why this person is deserving of the PATS Service Award. Services include, but are not limited to, committee work, professional activities, special projects, honors and awards, research, liaison to allied groups with significant results, commercial ventures that benefit the Society, establishment of programs to benefit the overall health care of the athletes of the Commonwealth, and any other service as deemed to be significant by a Board member or one of the constituents of the Board. Current members of the PATS Executive Board are not eligible for this award. If your recommendation exceeds the amount of space below, you may use additional pages.

Nominator's Information:

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

Name:

Phone:

Address:

NPI#:

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

Employer:

Email:

Signature: _____

Date: