

[Site name]
[Address]
[Contact information]

Dear [Insert Name of Physician],

[Name of Site] would like to invite you to become a crucial member of our athletic health care staff. As a member of the team you will be asked to provide prevention, education, and care for all the athletes at [Site Name]. In the state of Pennsylvania licensed Athletic Trainers may only provide athletic training services under the direction of a licensed physician. In volunteering your time, you would oversee all athlete care provided by the athletic training staff. Agreeing to join our sports medicine team includes providing the athletic trainers with standing written orders and communicating an authorized standard of care to all members of the athletic health care staff, including the athletic trainers, athletic training students, and administration.

As our team physician you would be responsible for seeing athletes in your clinic for appointments, treatment of athletes, surgical procedures, referrals to specialists, and return to play protocols, depending on injury severity. A further obligation that would require your attention would include attendance for high risk sporting events, such as football games, wrestling matches, and men's lacrosse at [Name of Site if applicable]. You would not be required to travel unless you deem it necessary. Your involvement would not be limited to those athletes at the events you attend, but rather all athletes that compete through [Name of Site] athletic programs. If possible, we would also like to ask for your involvement in an open clinic for one hour a week to provide additional care for these athletes.

Performing the duties of team physician is a wonderful opportunity to become involved with athletes and the community. The athletes will create a larger client base for your practice. We will also provide your practice with advertisement [at all athletic events year round/during competition]. The overall health and well-being of our athletes is our first priority which is only possible with your cooperation and communication. Our goal is to ensure that we provide all of our athletes with a successful health care system. Please contact us with any questions or comments. Thank you for your time.

Sincerely,

[Athletic trainer's name and credentials]
[Location address]
[Contact information]