



LOUISIANA ATHLETIC TRAINERS ASSOCIATION HALL OF FAME NOMINATION FORM

In 1982, the Louisiana Athletic Trainers Association established the Hall of Fame to honor those citizens of Louisiana who played significant roles in the development of athletic training and sports medicine.

LATA continues to search for those individuals who contribute to quality health care for all throughout the state. This Hall includes those who influenced the profession of athletic training in Louisiana, physicians who developed sports medicine, and friends of athletic training. Our first class display is dedicated to these individuals. Funding for the display was graciously provided by the Gatorade Company. The permanent home of the Hall of Fame is the Louisiana Superdome located in New Orleans.

The LATA Hall of Fame is a warm, human story of the care and prevention of sports injuries, exchanging knowledge, skills and techniques, but most of all it is a heart-felt, sincere caring for young men and women competing in sports. From the 1920s to the present, it crosses the spectrum of recognized health care providers. Its future, the young men and women standing in front of the display, is captured by its story...the proud history of athletic training in our proud state of Louisiana.

LOUISIANA ATHLETIC TRAINERS ASSOCIATION HALL OF FAME

This form is for the nomination of an athletic trainer, physician or other person who has made a significant contribution to the development of Athletic Training and Sports Medicine in Louisiana. This form should be completed, then returned to the chairman of the Hall of Fame committee.

Nominations are considered for induction into the Hall of Fame at the Association's Winter Business Meeting in January of each year. Only completed forms will be considered.

I. Name of Nominee _____
 Athletic Trainer
 Physician
 Other (please explain) _____

Phone number: () _____

Address: (office) _____

(home) _____

II. Name of Sponsor _____

Phone number () _____ Fax number () _____

Please give names of others supporting this nomination:

III. Please give short justification for your nomination:

If possible please provide a vitae for the nomination.

Vitae is attached Unable to get vitae

If you are unable to provide a vitae or the information requested is not included in the vitae, please answer the following :

A. Places he/she practiced profession: _____

B. Professional Honors or Professional Offices: _____

C. Professional Publications, Presentations: _____

D. Civic Activities: _____

E. Other A.T.C.'s, P.T.'s, M.D.'s who worked with or for the nominee: _____

IV. Are you able to provide a photo or several photos of the nominee: Yes No

If no, where could photos be obtained? (family or SID's, etc.)

Contact Person: _____

V. Please list Name, Address and Phone number of the nearest relative for the nominee:

The nomination of an athletic trainer, physician or special person to athletic training and sports medicine is a demanding task, but the committee wants to gather a complete profile on each nominee which provides a summary of their contributions to our profession and to the athletes of Louisiana. The committee will call upon the sponsor again as the nomination progresses.