



322 Canal Walk • Indianapolis, IN 46202-3268

(317) 261-2060 • Toll free: (800) 257-4762 • www.ismanet.org

COMMISSION ON SPORTS MEDICINE TEAM PHYSICIAN OF THE YEAR AWARD CRITERIA

CRITERIA

Ten years of service as a team physician for an Indiana high school or an organized sports team.

DEADLINE

Applications and all letters of recommendations must be received by March 1.

SELECTION

1. All criteria must be met.
2. Only licensed athletic trainers may submit nominations.
3. The ISMA's Commission on Sports Medicine will review all the applications submitted.
4. A simple majority vote by the committee will determine the award recipient.



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ISMA SPORTS MEDICINE COMMITTEE TEAM PHYSICIAN OF THE YEAR AWARD NOMINATION

To be completed by the nominating licensed athletic trainer (LAT):

Name of LAT: _____

Position: _____

Place of employment: _____

Address: _____

Phone/fax: _____

Email address: _____

Name of nominee: _____

Position: _____

Place of employment: _____

Address: _____

Phone/fax: _____

Email address: _____

Reason for nominating the physician:

LAT signature: _____

Please return this completed form, a letter of recommendation, and a CV for the nominee by **March 1** to:
ISMA Sports Medicine Committee, 322 Canal Walk, Indianapolis, IN 46202
or email to rbennett@ismanet.org