

PENNSYLVANIA ATHLETIC TRAINERS' SOCIETY, INC.

MEMBERSHIP APPLICATION

NAME: _____
Last First mi Maiden

DATE OF BIRTH (mm/dd/yyyy): _____ LAST 4 DIGITS SSN#: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

COUNTY: _____

CITY: _____ STATE: ____ ZIP: _____

EMAIL: _____

PLACE OF EMPLOYMENT: _____

WORK ADDRESS: _____

COUNTY: _____

CITY: _____ STATE: ____ ZIP: _____

WORK PHONE: _____ FAX (10 digits): _____

EMAIL: _____

PREFERRED MAILING ADDRESS: WORK HOME

NATA MEMBERSHIP #: _____

BOC CERTIFICATION #: _____

PENNSYLVANIA CERTIFICATION #: _____

ADDITIONAL LICENSE/ CERTIFICATE: _____

EMPLOYMENT CATEGORY: HIGH SCHOOL SPORTS MEDICINE CTR.
 CLINIC/HS COLLEGE/UNIV. PRO TEAM INDUSTRY GRAD STUD.
 OTHER

GENDER:

Male Female

ETHNICITY (optional):

American Indian/Alaskan Native Asian or Pacific Islander
 Black (not of Hispanic Origin) Hispanic
 White (not of Hispanic Origin) Multi-Ethnic
 Other, please specify: _____

HIGHEST LEVEL OF EDUCATION:

Doctorate:

PhD EdD HSD DPE JD DPT DC Other, please
specify: _____

Physician:

MD DO Other, please specify: _____

Masters:

MS MA Med MPT MBA Other, please specify: _____

Other:

Bachelors Two Year Degree Not Degreed

SCHOOL INFORMATION:

Undergraduate School: _____ Grad Date: _____

Graduate School 1: _____ Grad Date: _____

Graduate School 2: _____ Grad Date: _____

Do you have an NPI number: Yes No

PROFESSIONAL CREDENTIALS:

- | | |
|---|---|
| <input type="checkbox"/> CAT (C) (CATA) | <input type="checkbox"/> Personal Trainer |
| <input type="checkbox"/> Certified Cardiographic Technician | <input type="checkbox"/> PES (NASM) |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Physician |
| <input type="checkbox"/> CSCS (NSCA) | <input type="checkbox"/> Physician Asst. |
| <input type="checkbox"/> EMT/EMT-P | <input type="checkbox"/> PT |
| <input type="checkbox"/> FACSM | <input type="checkbox"/> PTA |
| <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Teaching Certificate (please specify): _____ |
| <input type="checkbox"/> Nurse (RN, LPN) | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> No Professional Credentials |
| <input type="checkbox"/> Occupational Therapy Assistant | |
| <input type="checkbox"/> Orthopedic Technician | |

- MEMBERSHIP CATEGORY: CERTIFIED: \$50.00 ASSOCIATE: \$50.00
 ADVISORY: \$40.00 CERTIFIED STUDENT: \$20.00 STUDENT: \$10.00
 RETIRED/HONORARY: NONE

*If certified student, anticipated grad date mm/dd/yyyy: _____

AFFIRMATION

I hereby apply for membership to the Pennsylvania Athletic Trainers' Society in the _____ category. Enclosed is _____ for annual dues for January 1, _____ to December 31, _____. If accepted as a member of P.A.T.S. it is my desire to advance the Society's interests and ideals to the best of my ability and to abide by its Constitution and By-Laws.

SIGNATURE: _____

DATE: _____

MAKE CHECKS PAYABLE TO: PENNSYLVANIA ATHLETIC TRAINERS' SOCIETY, INC.

MAIL COMPLETED FORM AND PAYMENT TO:

Gerard Rozea, East Stroudsburg University, Office 3 Koehler Fieldhouse, East Stroudsburg, PA 18301

MEMBERSHIP CATEGORY DESCRIPTIONS

CERTIFIED MEMBER

Certified members of PATS will include BOC certified athletic trainers.

CERTIFIED RETIRED MEMBER

Previously BOC certified athletic trainers retired from the profession and registered as inactive with the BOC.

CERTIFIED STUDENT MEMBER

Certified student members of PATS will include BOC certified athletic trainers still enrolled as full time students in a university or college.

ASSOCIATE MEMBER

Associate members shall be open to individuals who are working professionally in athletics, education, research, medicine, or an allied health profession related to athletic training. An individual who has fulfilled the requirements to apply for the BOC certification examination and is not currently enrolled as a full time student shall be eligible for the Associate membership category. Associate members shall pay such dues as shall be determined by the Board.

STUDENT MEMBER

Non-BOC certified individuals enrolled in an accredited, entry level athletic training program. Student members shall pay such dues as shall be determined by the Board.

HONORARY MEMBER

Honorary membership may be awarded to an individual who shows profound interest in and promotes the athletic training profession. Nominations shall be made by Certified PATS Members only and must be accompanied by resumes. The Honors and Awards Committee shall make recommendations to the Board for approval. Honorary Members shall pay no dues.

ADVISORY

Advisory members are medical practitioners, duly licensed in their respective field, that work in conjunction with athletic trainers. They are appointed by the President, with the consensus of the Board, and act as consultants to the Society.