

2010 CATA Awards

Applications for:

- ◆ **C.A.T.A & H. K. Writing Awards**
- ◆ **C.A.T.A Annual Scholarship Award**
- ◆ **Distinguished Athletic Therapy Educator Award**
 - ◆ **Special Recognition Award**
 - ◆ **Merit Award**
 - ◆ **Larry Ashley Award**
 - ◆ **Hall of Fame Award**
 - ◆ **Outstanding SAT Award**
 - ◆ **Evert van Beek Award**
 - ◆ **Member Emeritus**
 - ◆ **Research Grant**

As a result of an additional sponsorship to the CATA Writing Award by Human Kinetics, we are pleased to introduce a third category for the Annual Award. Please refer to category

changes below and to the following application forms for details.

Certification Candidate

- **Unpublished, original work**
- **Non-research based content**
- **First-time application of particular piece of work for Writing Award**
- **Primary author of work**
- **Appropriate to CATA Scope of Practice**

Certified Athletic Therapist

- **Unpublished, original work**
- **Non-research based content**
- **Primary author of work**
- **First-time application of particular piece of work for Writing Award**
- **Appropriate to CATA Scope of Practice**

OPEN

- **Previously published, original work and/or Research based content (i.e. Masters' thesis)**
- **Primary author of work**
- **First-time application of particular piece of work for Writing Award**
- **Appropriate to CATA Scope of Practice**

***Note: Applications for the CATA Writing Awards can only be submitted once**

C.A.T.A. and Human Kinetics Writing Awards

DEADLINE: MARCH 1, 2010

The spirit of these writing awards is to encourage all members of the association to submit original articles for review by the C.A.T.A Education Committee. There are 3 categories used in the selection process: Certification Candidates, Certified Athletic Therapist, and Open Category.

Guidelines

1. Invitations for this award are extended to **all members in good standing** with the C.A.T.A.: Certification Candidates, Certified and Associate members.
2. The papers presented must correspond with the **Scope of Practice** of the C.A.T.A., i.e. prevention, immediate care, evaluation and reconditioning of sport-related injuries. Papers that deal with research are also encouraged (see categories).
3. Submissions to the Certification Candidate or Certified Athletic Therapist categories are limited to the following criteria: unpublished, original work of non-research based content. *Unpublished* refers to work that is NOT a **book, chapter of a book, and/or a previously published article**. Work that does not comply with these criteria may be submitted to (or reviewed for) the OPEN category of this writing award. Submissions from previous years for any category of this award are not eligible.
4. The Education Committee, on behalf of the C.A.T.A, will award a **cash prize** of \$250.00 to the successful Certification Candidate and/or \$500.00 to the Association Member in the OPEN category. Human Kinetics will sponsor a cash award of \$500 to the successful Certified Therapist/Associate member in this category. The name of the winner(s) will be published in the Association Newsletter. 2 CEUs will be given to winners of the Human Kinetics and OPEN categories (if applicable).
5. The writing award winners (not applicable to OPEN category) will be encouraged to submit the papers to the **A.T.T Journal** for publication. The C.A.T.A. Journal reserves the right to edit submissions that will be published therein. All edited proofs will be sent to the authors for examination before they are published.
6. **Honourable mention** may be given to one or more articles /papers and published with appropriate recognition. 2 CEUs will be given to papers deemed honourable mention.
7. If no papers are deemed to merit recognition, the Education Committee will make no awards.
8. The content of the article/paper should be **concise** and **precise**. The article should be thoroughly referenced giving appropriate credit to all materials that are not original thoughts or conclusions generated by the author(s).
9. All entries for the writing award must be received by **MARCH 1, 2010**. The CATA Head Office requests that **2 copies** of the paper/article are sent, 1 of which is a **blind copy** and in no way relates the author to the written material. For OPEN category submissions, the work must be accompanied by proof of publication (i.e. photocopy of the article as displayed in publication) and should include a **blind copy**. The winning papers will be announced at the C.A.T.A. Convention Awards Banquet.

CATA & HK WRITING AWARD APPLICATION FORM

NAME: MEMBERSHIP #: 2-

MAILING ADDRESS: WORK PHONE #:

HOME PHONE #:

EMAIL:

CATEGORY FOR SUBMISSION:

1. CERTIFICATION CANDIDATE _____
2. CERTIFIED ATHLETIC THERAPIST (HKWRITING AWARD) _____
3. OPEN _____

TITLE OF PAPER: _____

OPEN CATEGORY ONLY...

SITE(S) OF PREVIOUS PUBLICATION (IF APPLICABLE): _____

APPLICATION CHECKLIST:

1. **2 COPIES OF PAPER (1 OF WHICH IS BLIND)**
2. **COMPLETE APPLICATION FORM**
3. **DEADLINE FOR SUBMISSION: MARCH 1, 2010**

PAPERS SHOULD BE SENT TO:

C.A.T.A. Education Committee, Suite 402 - 1040 7th Avenue S.W., Calgary, AB, T2P 3G9

C.A.T.A. Scholarship Application Form

DEADLINE: MARCH 1, 2010

This cash award is given annually to Certification Candidates who have been candidates for at least one year, and are presently enrolled in an Accredited Curriculum for Athletic Therapy (not

in a graduating year). The scholarship is designed to recognize athletic therapy skills, academic success, potential leadership and commitment to the profession of Athletic Therapy.

1. **Cover Letter/Resume:** Enclose a cover letter (2-page max.) with your application, which describes your reasons for applying for this scholarship, and a brief resume outlining your clinical and field experience.

2. Name: _____ C.A.T.A. Status: _____
Mailing Address: _____

Phone: _____ Email: _____

Academic Institution: _____

Course of study: _____ Graduation: _____

Name of S.A.T.: _____

Clinical Hours collected to date: _____ # Field Hours collected to date: _____

3. Attach a copy of the most recent **post secondary transcripts** pertaining to Athletic Therapy (or, if ordered and directly sent to the CATA, attach a **copy of receipt for transcripts**).

4. **1 letter of reference** from SAT/coach/educator to be sent directly to the CATA Head Office, or if enclosed with the application, to be sealed by the referee. A copy of the reference request is featured on the back of this application to be given to a referee of the applicant's choice.

5. **Commitment:**

"I, _____, after having been awarded the C.A.T.A. Scholarship, will actively seek certification by the C.A.T.A. within two years of graduation from my current academic program.

Signature: _____ Date: _____

The above information is accurate to the best of our knowledge:

Signature of Candidate: _____

Signature of S.A.T.: _____ Date: _____

Checklist:

1. Cover letter and resume from certification candidate
2. Copy of transcripts from Accredited academic program
3. Letter of reference (sent directly or sealed within applicant's package)
4. Completed application form (signed by both candidate and SAT)

Please submit to: C.A.T.A. Education Committee, Suite 402 - 1040 7th Avenue S.W., Calgary, AB, T2P 3G9

**Letter of Recommendation for the Student Scholarship Award
DEADLINE: MARCH 1, 2010**

Dear _____:

Your name has been given to the C.A.T.A. Education Committee as a reference for a certification candidate who is applying for the C.A.T.A. Student Scholarship Award.

Please comment on the following areas with which you feel comfortable:

- | | |
|-------------------------------|-----------------------|
| 1. Athletic Therapy Knowledge | 5. Staff relationship |
| 2. Practical skills | 6. Attitude |
| 3. Research | 7. Reliability |
| 4. Patient relationship | 8. General department |

Further comments you may wish to add are welcome. All information will be handled with confidentiality. Thank you for assisting this individual in furthering his/her career.

Mail directly to:

C.A.T.A. Education Committee, Suite 402 - 1040 7th Avenue S.W., Calgary, AB, T2P 3G9

**Distinguished Athletic Therapy Educator Award
DEADLINE: MARCH 1, 2010**

This award is presented to a C.A.T.A. member in recognition of excellence in

Athletic Therapy education.

Guidelines:

1. Current member in **good standing** of the C.A.T.A.
2. Minimum of **5 years** of outstanding service in the area of athletic therapy/sport medicine education and research.
3. Known **excellence** in the field of athletic therapy/sport medicine education.
4. A **history** of outstanding service in chapter/regional or national Canadian professional organizations concerned primarily with the field of athletic therapy/sport medicine. Including the following areas:
 - ◆ General Teaching Responsibilities
 - ◆ Research and/or Publications
 - ◆ Innovation in delivery of curriculum development
 - ◆ National/International Contribution
 - ◆ Community Based Education
 - ◆ Personal and Professional attributes contributing to recognition

Nomination Procedures:

1. The nominator will submit a **letter accompanying the nomination form**, which indicates his/her reasons for nominating the individual. This letter will also include appropriate information on the individual's professional history.
2. A **minimum of three letters** (at least 1 from a Certified Athletic Therapist and 2 others from professional colleagues, administrators, or students) providing detailed rationale in support of the candidate's nomination is required. The Education Committee of the Canadian Athletic Therapists Association will administer the selection of candidates for this award and will present the winner(s) with a plaque at the Annual Awards Banquet.

Nomination Form for Distinguished Educator Award
DEADLINE: MARCH 1, 2010

Name of Nominee: _____

Address: _____

Phone: _____ Email: _____

C.A.T.A. Status: _____

Name of Nominator: _____

Address: _____

Phone: _____ Email: _____

C.A.T.A. Status: _____

CHECKLIST:

1. Complete nomination form.
2. Letter from nominator (Certified Athletic Therapist).
3. Minimum of 2 additional letters from colleagues, students, administrators.

The above materials should be sent to:

**C.A.T.A. Education Committee, Suite 402 - 1040 7th Avenue S.W., Calgary, AB,
T2P 3G9**

**Special Recognition Award
DEADLINE: MARCH 1, 2010**

This award is presented to members who have made a significant contribution to the C.A.T.A., and who have demonstrated leadership in the advancement of the

profession of Athletic Therapy.

Guidelines:

1. The nominee must be in **good standing** and a member of the C.A.T.A. for at least 5 years or other outstanding individual or patron who has made significant contributions to the C.A.T.A.

2. The nominee is considered a member who has contributed **outstanding service** to the C.A.T.A., i.e. Canadian or International meets, committees, or other reasons as specified by the nominators.

3. Nominated by 2 Certified Members of the C.A.T.A.

The Member Services Committee of the Canadian Athletic Therapists Association will administer the selection of candidates for this award. The winner will be presented with a plaque at the Annual Awards Banquet.

Nomination Form for the Special Recognition Award
DEADLINE: MARCH 1, 2010

Nominee: _____

Address: _____

Phone: _____ Email: _____

Nominators (2 Certified Athletic Therapists required):

1) Name: _____ CATA Status: _____

Address: _____

Phone: _____ Email: _____

2) Name: _____ CATA Status: _____

Address: _____

Phone: _____ Email: _____

Indicate reasons for nomination below. A brief but complete **curriculum vitae** must also accompany the nomination form.

Signatures of Nominators:

1) _____ Date: _____

2 _____ Date: _____

CHECKLIST:

1. **Complete** nomination form. 2. Brief **CV** of the nominee.

Return the above items to:

C.A.T.A. Member Services Committee, Suite 402 - 1040 7th Avenue S.W., Calgary, AB, T2P 3G9

C.A.T.A Merit Award

DEADLINE: MARCH 1, 2010

This award recognizes those members of the Association who have, through their immediate actions, saved a life, prevented serious injury, or performed an

outstanding emergency service.

Guideline:

1. The nominee must be in **good standing** of C.A.T.A.
 2. The action(s) taken by the nominee should indicate care **above & beyond** that of the average expectations of the position OR the prevention/management of a **life-threatening situation**.
 3. A **detailed account** of the situation must accompany the nomination relating to the "meritorious" service/action; include dates, location, related published articles and/or witnessed accounts as well as feedback from the victim(s) if appropriate.
- The C.A.T.A. Member Services Committee will administer selections for this award.

Nomination Form for the C.A.T.A. Merit Award

Nominee: _____ C.A.T.A. Status: _____

Address:

Phone: _____ Email: _____

Nominator: _____ C.A.T.A. Status: _____

Address:

Phone: _____ Email: _____

Provide a **brief account** of the action in the space below.

SIGNATURE OF NOMINATOR: _____

CHECKLIST:

1. **Complete** nomination form.
2. A **detailed letter** describing action(s)

Return the above to:

C.A.T.A. Member Services Committee, Suite 402 - 1040 7th Avenue S.W., Calgary, AB, T2P 3G9

Hall of Fame

DEADLINE: MARCH 1, 2010

This award is normally presented to a member who has retired from the profession. The award is based on lifetime contributions and professional leadership in the field of Athletic Therapy and service to the CATA. Hall of Fame recipients are included on the CATA Mailing list, and may

attend annual CATA conferences at a reduced fee. However, if they are retired from active practice in Athletic Therapy, they do not have voting privileges and they are not eligible for selection to Major Games.

Guidelines:

1. The nominee must be a **certified member in good standing** of the C.A.T.A.
2. The nominee must be a member of at least **ten years** duration.
3. The nominee has contributed **outstanding service** to his/her a) profession, b) association, c) community, d) other

The Member Services Committee of the C.A.T.A. will administer the selection of these awards.

C.A.T.A. "Hall of Fame" Award

Nominee: _____ C.A.T.A. Status: _____

Address: _____

Phone: _____ Email: _____

Nominator #1: _____ C.A.T.A. Status: _____

Nominator #2: _____ C.A.T.A. Status: _____

Nominator #3: _____ C.A.T.A. Status: _____

Briefly outline the **reasons** for this nomination as well as include a brief **Curriculum Vita** of the nominee with this application.

SIGNATURES OF NOMINATORS:

1. _____

2. _____

3. _____

CHECKLIST:

Complete application form with **3 nominators** and a **CV** of the nominee

Sent to:

C.A.T.A. Member Services Committee, Suite 402 - 1040 7th Avenue S.W., Calgary, AB, T2P 3G9

Larry Ashley Award

DEADLINE: MARCH 1, 2010

LARRY ASHLEY MEMORIAL SCHOLARSHIP FUND

The C.A.T.A. has accepted an Educational Scholarship to be set up in memory of Mr. Larry Ashley. Second Dimension/Gatorade has donated a \$1,500 scholarship per annum in association with the Professional Hockey Athletic Trainer's Society (P.H.A.T.S.) to initiate the Larry Ashley Scholarship fund in the Awards Category of the C.A.T.A. The goal is to give a student who is a Certification Candidate of the C.A.T.A., the opportunity to develop their skills in professional hockey. Mr. Ashley's dedication and contributions to the field of Athletic Training in Professional Hockey has allowed many students the opportunity to succeed with their career.

Mr. Ashley served professional hockey and the field of Athletic Therapy for over twenty years with dedication and excellence. His all too sudden departure after a courageous battle against cancer resulted in a void, which will remain apparent for some time to come. This scholarship is established to reflect Larry's qualities of professional dedication, leadership, innovation and accomplishment. It is with great honour to have a role model that began as a young enthusiastic stick boy from Brockville, Ontario who set forth to educate himself to a position of Head Athletic Trainer for a National Hockey League team. His contributions to the profession and sport are truly remarkable.

The award will be presented at the C.A.T.A. Awards Banquet at the annual conference.

APPLICATION CRITERIA

1. The award is open to all **C.A.T.A. certification candidates** who have been candidates for at least one year, and who have demonstrated a commitment to developing their practical and academic athletic therapy skills in the field of professional hockey.
2. The candidate must be enrolled in, and returning to, an **accredited academic program** that will lead to C.A.T.A. certification in any year other than a graduating year.
3. The candidate will have demonstrated involvement in practical fieldwork in the area of organized **hockey** and that the **potential for excellence through commitment is essential**.

LARRY ASHLEY MEMORIAL SCHOLARSHIP FUND APPLICATION DEADLINE: MARCH 1, 2010

Name: _____ C.A.T.A. Membership No. _____

Mailing Address: _____

Phone: _____ Email: _____

Name of SAT: _____ Email: _____

ACADEMIC INSTITUTION AND PROGRAM IN WHICH YOU ARE CURRENTLY ENROLLED:

School: _____
Program and Year: _____

Attach a **copy of most recent academic transcripts** plus a letter from your Academic Counsellor or Program Administrator acknowledging your standing as a current and continuing student (**if transcripts ordered & sent directly to the CATA, a copy of receipt must accompany application**).

OTHER RELATED ACADEMIC BACKGROUND:

INVOLVEMENT IN HOCKEY PRACTICAL FIELD WORK:

Team/Level: _____ Hours/Week: _____
Seasons With Team: _____ Duties: _____

Team/Level: _____ Hours/Week: _____
Seasons With Team: _____ Duties: _____

RECOMMENDATIONS:

Attach **2 letters of recommendation** which verify your work and potential future in hockey, and academic success to date. In addition, include a **letter of recommendation from your SAT** commenting on your potential for qualifying for certification.

COVER LETTER:

Enclose a **cover letter** (2 page-max) with your application that describes your reasons for applying for this scholarship.

CHECKLIST:

1. Complete **application form** and **cover letter**.
2. **Three** letters of recommendation: **1 from your SAT**, **2** from other persons who can verify your work with hockey/athletic therapy.
3. **Copy of most recent transcripts** from accredited academic program.

Send to:

C.A.T.A. Member Services Committee, Suite 402 - 1040 7th Avenue S.W., Calgary, AB, T2P 3G9

Outstanding SAT Award

DEADLINE: MARCH 1, 2010

This award recognizes Certified Athletic Therapists who have provided distinct leadership to Certification Candidates in their role as a Supervisory Athletic

Therapist.

Guidelines:

1. A minimum of **three Certification Candidates** who have successfully completed both the Written and Oral Practical examinations.
2. Has demonstrated **leadership** in the preparation of their Certification Candidates, and has contributed to the Certification Candidates' preparation within their region.
3. Nominations must be submitted by 2 Certified Athletic Therapists and a Certification Candidate.
4. Nominations supported by **three letters of recommendation** (2 of which are from Certified Athletic Therapists and 1 from a Certification Candidate).

The C.A.T.A. Education Committee will administer selections for this award.

CATA Outstanding SAT Award Nomination Form

Nominee: _____ **CATA Status:** _____

Address: _____

Phone: _____ Email: _____

Nominator: _____ CATA Status: _____

Address:

Phone: _____ Email: _____

Phone: _____ Email: _____

Nominator: _____ CATA Status: _____

Address:

Phone: _____ Email: _____

Phone: _____ Email: _____

Nominator: _____ CATA Status: _____

Address:

Phone: _____ Email: _____

Previous Certification Candidates NOW Certified Athletic Therapists:

1. _____ CATA # _____ Email: _____

2. _____ CATA # _____ Email: _____

3. _____ CATA # _____ Email: _____

CHECKLIST:

1. Complete **nomination form**
2. **3 letters of support:** 2 from certified members and 1 from a certification candidate

Return the above materials to:

C.A.T.A. Member Services Committee, Suite 402 - 1040 7th Avenue S.W., Calgary, AB, T2P 3G9

EVERT VAN BEEK MEMORIAL AWARD

This award was established in memory of Evert van Beek who, through 25 years of membership, made significant contributions to the Association, the profession of Athletic Therapy, and his local community, while sharing with us, his strong appreciation of

humour. This memorial award will recognize CATA members, who throughout their career have demonstrated leadership and citizenship qualities along with a personal interest or flair for entrepreneurial endeavours.

Criteria

1. Nominee is a **certified member** and in **good standing** with the CATA.
2. **Nominated by 3 Certified Athletic Therapists.**

Nominees for this award will have demonstrated:

- ◆ Leadership roles within the CATA or Sport Medicine Community
- ◆ An entrepreneurial endeavour related to the field of Athletic Therapy
- ◆ Citizenship qualities within professional or community settings
- ◆ Visionary qualities

Selection will be based on these criteria and will be made by the Awards/Member Services Committee. There will be one award per year. If none of the nominees have achieved the standard of the award, it will not be presented. The Member Services Committee reserves the option to consult outside of its committee in the event that a winner is not clear.

Nomination forms should include the following categories:

- ◆ Leadership Roles
- ◆ CATA/Sport Medicine Community contribution
- ◆ Visionary Contributions
- ◆ Entrepreneurial endeavour
- ◆ Citizenship qualities
- ◆ Personal and professional attributes contributing to recognition

ANNUAL PROCEDURES:

- ◇ Nomination forms to be accepted by National Office up to **March 1, 2010**.
- ◇ Member Services Committee reviews nominations and determines winner.
- ◇ Board of Directors to ratify selected nominee as per current procedures.
- ◇ Nominators are to write a meaningful inscription for plaque to be awarded.
- ◇ One of the nominators, as requested by award winner, will present the award in the form of a plaque at the Annual Awards Banquet.
- ◇ The award winner will have their name added to a plaque which is held and maintained at the CATA office.
- ◇ All nominations shall remain confidential.

EVERT VAN BEEK MEMORIAL AWARD NOMINATION FORM DEADLINE: MARCH 1, 2010

This award was established in memory of Evert van Beek who, through 25 years of membership, made significant contributions to the Association, the profession of Athletic Therapy, and his local community, while sharing with us, his strong appreciation of humour. This memorial award will recognize CATA members,

who throughout their career have demonstrated leadership and citizenship qualities along with a personal interest or flair for entrepreneurial endeavours.

NOMINEE: _____

ADDRESS: _____

Phone _____ Email _____

NOMINATOR 1 _____

ADDRESS: _____

Phone _____ Email _____

NOMINATOR 2 _____

ADDRESS: _____

Phone _____ Email _____

NOMINATOR 3 _____

ADDRESS: _____

Phone _____ Email _____

Three letters of support must accompany this nomination form. Each letter must follow a particular **format** so that each category is included and described separately. Letters of support not following this format will render the nomination incomplete and inadmissible. **The categories are:**

- ◆ Leadership Roles
- ◆ CATA/Sport Medicine Community contribution
- ◆ Visionary Contributions
- ◆ Entrepreneurial endeavour
- ◆ Citizenship qualities
- ◆ Other personal and professional attributes contributing to recognition

CHECKLIST:

1. Complete **nomination form**.
2. Letters of support from Certified members (**minimum of 3**) outlining rationale according to all of the criteria stated above and formatted according to the above specifications.

Return the above to:

C.A.T.A. Member Services Committee, Suite 402 - 1040 7th Avenue S.W., Calgary, AB, T2P 3G9

Member Emeritus Award

DEADLINE: MARCH 1, 2010

This award will recognize prior contributions of certified members who are no longer practicing as an Athletic Therapist as a result of retirement from active employment, or a shift in career focus. While they are no longer working as an Athletic Therapist, they still contribute to the fields of Athletic Therapy and Sport Medicine. Recipients of this award are not required to pay annual dues to the Association and will receive a 50% discount to the Annual CATA Conference. However, he/she will not have voting privileges, serve on the Executive or any other committee,

nor be eligible for Major game selection.

Guidelines:

1. A member currently in **good standing** who has been certified as an athletic therapist for a minimum of **fifteen (15) years**.
2. A recognised and documented **contribution** to the advancement of the objectives of the Association.
3. Nominated by a currently **certified member**.
4. **Letter of support/documentation** of the nominee's prior and current contributions within and outside of the Association.

The CATA Member Services Committee will review the applications and make recommendations with regards to a recipient to the Board of Directors for final approval.

Member Emeritus Award Nomination Form

Nominee: _____ CATA Status: _____

Address: _____

Phone: _____ Email: _____

Nominator: _____ CATA Status: _____

Address: _____

Phone: _____ Email: _____

CHECKLIST:

1. Complete **Nomination Form**.
2. **Letter of support** outlining prior and current engagements within and outside of the Association.

Send to:

C.A.T.A. Member Services Committee, Suite 402 - 1040 7th Avenue S.W., Calgary, AB, T2P 3G9

C. A. T. A Research Grant

DEADLINE: March 1, 2010

This grant has been designed to encourage members of the CATA to become active in research projects related to the field of Athletic Therapy/Sports Medicine by providing some amount of monetary support for such endeavours.

Guidelines:

1. Invitations for this award are extended to all Certified **members in good standing** with the CATA.
2. The research proposed must be **original**, and on a topic area that corresponds to the **CATA Scope of Practice**, or would be of **direct benefit** to the profession of Athletic Therapy.
3. A complete **application form** along with a **detailed cover letter** must be received by the CATA National Office by **March 1, 2010**.
4. The Education Committee will award a cash amount of **\$1500** to the successful recipient of the Research Grant with the understanding that this money will support the completion of the research. The name of the winner will be published in the CATA Newsletter. If no applicants are deemed eligible for this grant (based on inability to meet criteria mentioned herein) the Education Committee will abstain from selecting a winner that year. No amount of the \$1500 given by the CATA for the Research Grant should be used in overhead costs or fees to the sponsoring institution.
5. The recipient of the CATA Research Grant should expect to **present their research** results/findings/outcomes to the membership at the CATA Annual Conference **1 year following** the receipt of this grant.

Criteria:

1. Research proposed must be **original** and correspond to the **CATA Scope of Practice** and/or be of **direct benefit** to the profession of Athletic Therapy.
2. **Cover letter** must clearly outline the research project and its perceived benefits as it relates to the profession.
3. **Ethics Approval** from the governing institution must be provided
4. Complete **Application Form**.
5. Deadline for submission: **March 1, 2010**.

Please forward all documents to:

C.A.T.A. Education Committee, Suite 402 - 1040 7th Avenue S.W., Calgary, AB, T2P 3G9

CATA RESEARCH GRANT APPLICATION FORM

Name: _____ Membership #: _____

Mailing Address: _____ Work Phone #: _____

_____ Home Phone #: _____

Email: _____

TOPIC OF RESEARCH: _____

DETAILED METHODOLOGY OF PROPOSED STUDY:

DESCRIPTION OF STUDY:

FINANCIAL BREAKDOWN OF STUDY:

PROJECTED COMPLETION DATE FOR RESEARCH:

PREVIOUS RESEARCH/PUBLICATION EXPERIENCE: