



2025 Joseph Abraham Award Application Form

Requirements for school to be eligible for the Joseph Abraham Award:

- a minimum of 10 consecutive years of the NYS high school employing an athletic trainer;
- a minimum of 3 consecutive years of employment by the current athletic trainer.

All Athletic Trainers listed on the Application must meet the following requirements:

- Athletic trainer must be a member in good standing with the National Athletic Trainers' Association (NATA).
- Athletic trainer(s) must be in good standing with the Board of Certification (BOC).
- Athletic trainer(s) must have NYSED certification
- Athletic trainer(s) must have a NPI number

The athletic trainer may self-nominate for the Joseph Abraham award.

Incomplete applications will be disqualified from consideration for Joseph Abraham award. Please see the checklist at the end of application and make sure all information has been submitted.

Schools must achieve at least 80% of the maximum points on the rubric in order to be considered for the award. The grading rubric can be found on the NYSATA website, under the [Joseph Abraham Award](#). Applications are reviewed and points are granted based on requirements of the rubric.

Please type information

Name of school:

Address:

Phone:

Fax:

School District:

Principal:

Phone:

Athletic Director:

Phone:

Athletic Trainer:

Phone:

Asst. Athletic Trainers:

Phone:

Submitted By:

Title:

SCHOOL

1. Number of Students:

2. Grades under Athletic Trainer Care:

3. Number of Teams: Fall:

Winter:

. Spring:

Fall Sports:

Winter Sports:

Spring Sports:

4. How long has the School employed an Athletic Trainer?

5. How long has the current Athletic Trainer been at the School?

6. What is the current Athletic Trainers level of employment? (Check one)

☐ Full Time

☐ Part Time

☐ Teacher- Athletic Trainer

☐ Clinic- Athletic Trainer

☐ Other (explain)

7. Has the School ever won the Joseph Abraham Award before? If yes, when and who was the Head Athletic Trainer.

ATHLETIC TRAINER(S)

(Please provide the following information for each athletic trainer working at the school)

1. Athletic Trainer Education:

Name:	Degree:	College:
Name:	Degree:	College:
Name:	Degree:	College:

2. Total years of experience:

3. BOC Certification #(list all if applicable):

3. NATA Member #(list all if applicable):

4. NPI #(list all if applicable):

SUPPORT SERVICES

1. Who is the School Physician/Chief Medical Officer (CMO)?

2. What is your School Physician/CMO's specialty?

3. What does your School Physician/CMO offer the athletic training program? Ie: standing orders, physicals, etc.

4. Is the School Physician/CMO readily accessible?

5. What sports/levels does the School Physician/CMO physically cover, ie: games, practices, scrimmages? If the CMO does not provide coverage, is there another physician or practice that does (ie: local orthopedic group)?

6. Is an ambulance on-site for any contests? If yes, which contests?

7. What type of other medical services do your athletes use?

8. Is there a referral network in place either through the athletic training program and/or School Physician/CMO? If so, please describe the referral system.

9. Describe the relationship between the athletic trainer and the school nurse; ie: do you meet to review procedures, etc.

10. Describe the relationship between the athletic trainer and local EMS, ie: do you meet and review procedures, etc.

ATHLETIC TRAINING ROOM

1. Please list the athletic training room dimensions.

2. Do you feel the size is adequate for the number of the athletes served?

If not, please state why or why not.

3. Is the athletic training room easily accessible to all student athletes?

4. What rehabilitation/reconditioning equipment is available to the student-athletes in the athletic training room?

5. What rehabilitation/reconditioning equipment is available at the school? (pool, weight room, etc. Please describe):

6. Are there plans for future improvements of the athletic training room?

7. Please attach **photos** and **a diagram** of the athletic training room with approximate dimensions and equipment placement. (The more details you can provide the better to fully appreciate your ATR and program)

THE PROGRAM

1. Is the athletic trainer available to athletes on a daily basis? Please describe the coverage by the athletic trainer at the school.

2. Are there other individuals who assist the athletic trainer providing athletic training services? (Athletic training students, coaches, nurses, etc.)
3. Describe any educational programs for which the athletic trainer is responsible:
4. Is there an Emergency Action Plan in place for athletic events? **If yes, please submit copy of EAP**
Is the EAP reviewed yearly and reviewed with local EMS?
5. Does the school/district have a Concussion Management Protocol? **If yes, please submit a copy of the Concussion Management Protocol.**
Is the Protocol reviewed yearly?
Who are the members of the concussion management team?
- 6 Does each team carry a medical kit or fanny pack?
7. Is there a specific budget for athletic training supplies?
If yes, what is the budget amount?
8. Does the school provide and/or reimburse opportunities for BOC continuing education?
9. Does the school employ a strength coach?
If yes, does the strength coach have certification (CSCS)?
10. Who does the equipment fitting for the contact sports at your school?
11. Is your school a current NATA Safe Sports School?
If yes, please provide a copy of the certificate.

STATEMENT

Please include a separate written statement describing your program and why it should be considered for the Joseph Abraham Award. Suggestions to include a statement would be any new programs/policies that the current AT has implemented, relationships the AT has created, impact AT has had on athletic programs, etc.

Thank you for your interest in the Joseph Abraham Award and the New York State Athletic Trainers' Association, as well as your continued support of Athletic Training.

Please check that you have provided all the required materials before submission. Incomplete applications will be disqualified from consideration:

- Completed application
- Written statement
- Requested information for each athletic trainer involved in program
- Pictures and diagram of athletic training room
- Copy of EAP
- Copy of Concussion Management Protocol

**Submit your completed application and materials electronically to
Joseph Abraham Chair, Meg Greiner at nysataabraham@gmail.com.**

Applications must be received no later than November 1, 2024.