

VITA FORM A-1
Faculty/Staff Vitae Form
 (Do not exceed 2 pages on any individual)

Name	Last	First	Middle	Credentials

Current Employer	
Employer's Address	
Employment Position	
Position within Athletic Training Program	
Academic Rank	

Education (begin with most recent education and include <u>all</u> professional education leading to a degree <u>or</u> professional credential)				
Institution	Location	Degree	Year	Field of study

NATABOC Certification Number <i>(*Attach a copy of current NATABOC card <u>or</u> CEU completion letter)</i>	Year of NATABOC Certification
State Credential Type(s) <small>(e.g. AT/L, RN, MD or indicate not applicable in your state) (Provide information on all state credentials)</small>	State Credential Number(s)
Type:	Number:
Type:	Number:

* ACI Training (date of most recent training)	*NATA Membership Number

(* If applicable)

Workload (percentage of time spent in each category)	% Time	Credits
Teaching		
Research		
Supervision of Athletic Training Students		
Service		
Academic Administration		
Non-academic Administration		
Athlete/Patient Care		
Other Activities (Graduate students should place % time as a student here)		
TOTALS	100%	

Are you currently on either a paid or unpaid overload for your ATEP responsibilities?	Are you compensated for your ATEP overload responsibilities?
("X" one selection) ___ NO ___ YES	("X" one selection) NO YES NA

Professional Experience: List in reverse chronological order (most recent first) Athletic Training and related employment experience for the past five years only.