



NHATA Sponsorship  
NATA iLead  
Athletic Training Program Director Endorsement



Applicant Name: \_\_\_\_\_ Year in School: \_\_\_\_\_

Institution: \_\_\_\_\_

Applicant Cumulative GPA: \_\_\_\_\_ Applicant GPA in Major: \_\_\_\_\_

Program Director's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Student's Strengths:

Student's Weaknesses:

General Comments:

Do you believe this student (applicant) is capable of, completing all academic degree requirements, fulfilling all athletic training program requirements, and meeting the criteria to be eligible to sit for the Board of Certification examination?

Yes      No

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_