



# The National Honor Society of Sports Medicine

P.O. Box 6061-271, Sherman Oaks, Ca. 91413

www.nhssm.org

Name of School \_\_\_\_\_

(Please include full legal name of school)

School Address \_\_\_\_\_ School Website \_\_\_\_\_

\_\_\_\_\_ School Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ School Fax \_\_\_\_\_

Zip code \_\_\_\_\_

Chapter Name \_\_\_\_\_

(This will appear on the official chapter certificate)

School Type: Public  Private

Public School, identify name of school district: \_\_\_\_\_

Public schools, identify accreditation organization: \_\_\_\_\_ Date received \_\_\_\_\_

Private schools, identify accreditation organization: \_\_\_\_\_ Date received \_\_\_\_\_

Sports Medicine Course Setting:

Traditional  ROP/CTE  Academy  SLC  Other

Credit offered:

Lab Science  College Elective  ROP/CTE  School Elective

Course Internship/Service hours per academic year:

0-20  21-40  41-60  61-80  81-100  101+  \_\_\_\_\_

(Note amount required)

Chapter Advisor: \_\_\_\_\_ E-mail: \_\_\_\_\_

(Print name)

BOC Certification Number: \_\_\_\_\_ NATA Member Number: \_\_\_\_\_



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\*If Chapter Advisor is not an ATC, please fill out the following information.

Endorsing ATC Advisory Council Member: \_\_\_\_\_  
(print name)

BOC Certification Number: \_\_\_\_\_ NATA Member Number: \_\_\_\_\_

Email: \_\_\_\_\_ Phone : \_\_\_\_\_

### Payment information

*Please Make Checks payable to the National Honor Society of Sports Medicine (NHSSM)*

Option 1.  \$50.00 Chapter Application fee (this fee includes the 1<sup>st</sup> years dues and chapter certificate)

Option 2.  \$110.00 Chapter Application fee (includes all components of Option 1) plus the chapter certificate mounted on custom hardwood plaque.

Check # \_\_\_\_\_ Amount \_\_\_\_\_

### Authorization and Agreement:

I have read and understand the constitution and guidelines for the National Honor Society of Sports Medicine in secondary schools. I agree to comply with all policies and procedures created by the governing body and the national council.

\_\_\_\_\_  
Faculty Instructor Signature (date) (print name)

\_\_\_\_\_  
Endorsing ATC Advisory Member (date) (print name)  
(if different from faculty instructor )

\_\_\_\_\_  
Principal /Administrator (date) (print name)