



# Application for Sports Training Certification

**INSTRUCTIONS:** Please print clearly or type information below and return to your Program office.

List *Permanent Mailing Address* and Telephone Number (Not College Address)

|  |                       |                               |                                 |
|--|-----------------------|-------------------------------|---------------------------------|
| Name _____   | Address _____         | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| City _____   | State _____ Zip _____ | Country _____                 |                                 |
| Phone: Day - ( ) _____   | Evening - ( ) _____   |                               |                                 |
| Social Security Number _____   | Occupation _____      |                               |                                 |
| If you are an athlete becoming a coach, please check this box <input type="checkbox"/> .   |                       |                               |                                 |
| If your address above is different from the address shown on your last certification application, please check this box <input type="checkbox"/> . |                       |                               |                                 |

- I attended a Special Olympics GENERAL ORIENTATION - Date \_\_\_\_\_ Site \_\_\_\_\_.
- The TRAINING SEMINAR/COURSE was held in \_\_\_\_\_ on \_\_\_\_\_  

City / State or Province / Country
Month / Day / Year

- I am applying for CERTIFICATION in one of the following areas:
 

|   |  |
|---|--|
| <input type="checkbox"/> Skills, Sport _____                | <input type="checkbox"/> Official, Sport _____               |
| <input type="checkbox"/> Tactics, Sport _____               | <input type="checkbox"/> Competition Management, Sport _____ |
| <input type="checkbox"/> Coaching Special Olympics Athletes | <input type="checkbox"/> Games Management                    |
| <input type="checkbox"/> Principles of Coaching             | <input type="checkbox"/> Motor Activities Training Program   |
| <input type="checkbox"/> Unified Sports® (Sport) _____      | <input type="checkbox"/> Other _____                         |

4. PRACTICUM - a minimum of 10 hours working with **Special Olympics athletes** following a coach training seminar is required. Officials, Competition Management Team members, and Games Management Team members may include a minimum of 10 hours in preparing for and/or in conducting competition.

| Date  | # of Hours | # of Athletes | Date  | # of Hours | # of Athletes |
|-------|------------|---------------|-------|------------|---------------|
| _____ | _____      | _____         | _____ | _____      | _____         |
| _____ | _____      | _____         | _____ | _____      | _____         |
| _____ | _____      | _____         | _____ | _____      | _____         |
| _____ | _____      | _____         | _____ | _____      | _____         |
| _____ | _____      | _____         | _____ | _____      | _____         |
| _____ | _____      | _____         | _____ | _____      | _____         |

- In this sport:  
 Coaching / Officiating experience at the high school or college levels:  Yes  No (Circle Coach and/or Official)  
 Playing experience at the high school or college levels:  Yes  No

- Other information:  
 How many Special Olympics sports do you coach? \_\_\_\_\_ In how many sports are you certified? \_\_\_\_\_  
 Highest level of education achieved \_\_\_\_\_  
 Do you have any relatives with mental retardation?  Yes  No If yes, relationship \_\_\_\_\_

7. Having satisfactorily completed all requirements, I hereby request Special Olympics certification in the area identified above.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE - PRACTICUM SUPERVISOR** (Local Director, Head Coach, etc.)

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE - PROGRAM SPORTS TRAINING DIRECTOR**

\_\_\_\_\_  
**DATE**