



**Special Olympics**  
North America  
Be a fan.

## Application for Sports Training Certification

(One form per certification)

**Local Program**

**Instructions:** Please print clearly or type information below and return to your local program office.  
List **Permanent** Mailing Address and telephone number:

Name:	Address:		
City:	State:	Zip:	
Daytime Phone: ( )	Evening Phone: ( )		
Email address:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Security Number:	Occupation:		

If your address has changed since your last certification, please check this box.

If you are an athlete seeking certification, please check this box.

2.	I attended or took an online Special Olympics General Orientation in:	City/State or Province/Country	on	Date
3.	I attended or took an online course in Athlete Protective Behaviors in:	City/State or Province/Country	on	Date
4.	The Training/Course was held in:	City/State or Province/Country	on	Date

5. I am applying for CERTIFICATION in one of the following areas:	
Skills, Sport:	Play Activities Program
Tactics, Sport:	Motor Activities Training Program
Unified Sports®, Sport:	Games Management
Official, Sport:	Volunteer Management
Comprehensive Mentoring, Sport:	Protective Behaviors
Competition Management, Sport:	Principles of Coaching
Coaching Special Olympics Athletes	Positive Coaching Alliance Workshop
Other approved course outside Special Olympics:	

6. Coaching/Officiating experience at high school or college levels:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Circle Coach or Official
Playing experience at high school or college levels:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sport (s):

7. PRACTICUM – SONA is now requiring practicum hours for **initial certification only** and not for recertification and/or continuing education.

Date	# of Hours	# of Athletes	Date	# of Hours	# of Athletes	Date	# of Hours	# of Athletes

8. 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 intellectual disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, relationship:
If you are an athlete becoming a coach, please check this box. <input type="checkbox"/>	

9. Having satisfactorily completed all requirements, I hereby request Special Olympics certification in the area identified above. The following people sign off and verify that the requirements have been completed.

<b>Applicant</b>	<b>Date</b>	<b>Local Program Coordinator</b>	<b>Date</b>	<b>Sport Director</b>	<b>Date</b>
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