



Special Olympics

# 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: Male Female Social Security Number: Occupation:

If you are an athlete becoming a coach, please check this box. If your address has changed since your last certification, please check this box.

- 1. I attended a Special Olympics General Orientation in ... on ... City/State or Province/Country ... date
3. The TRAINING SEMINAR/COURSE was held in ... on ... City/State or Province/Country ... date

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

4. Coaching/Officiating experience at the high school or college levels: Yes No (circle Coach or Official) Playing experience at the high school or college levels: Yes No Sport(s):

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

Table with 10 columns: Date, # of Hours, # of Athletes, Date, # of Hours, # of Athletes, Date, # of Hours, # of Athletes

6. 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 If you are an athlete becoming a coach, please check this box.

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

Applicant Date Local Program Coordinator Date Sport Director Date

Make copies as needed and send the original for certification