



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 your address has changed since your last certification please check this box. [ ]

2. I attended a Special Olympics General Orientation in: City/State or Province/Country on date

3. The Training Seminar/Course was held in: City/State or Province/Country on date

4. I am applying for CERTIFICATION in one of the following areas: Skills, Sport: Play Activities Program Tactics, Sport: Motor Activities 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 of Special Olympics)

5. 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.

6.

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 intellectual disability? 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