



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:		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:		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):

6. 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.

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

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

8. 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
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