



Application for Sports Certification

Please print clearly/type and submit to your Head of Delegation or Area Director.

Last Name _____ First Name _____

Area _____ Delegation _____ Shirt Size _____

Email _____ Cell Number _____

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

In this sport, are you a(n): Head Coach Assistant Coach

If you are a Head of Delegation, check here

If you are/were a Special Olympics Athlete, check here

- The Coaches Clinic/Seminar/Course was held on _____ at _____.
(Date) (Location)
- I am applying for CERTIFICATION in one of the following areas:
 Skills (Basic), Sport _____
 Tactics (Advanced), Sport _____

3. PRACTICUM - a *minimum of 10 hours* working with **Special Olympics athletes** following a coaches' training seminar is required.

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

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

5. Other information:
 How many Special Olympics sports do you coach? _____ How many sports certifications? _____
 Highest level of education achieved _____
 Do you have any relatives with an Intellectual Disability? Yes No
 If yes, relationship _____

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

SIGNATURE OF APPLICANT

DATE

SIGNATURE - PRACTICUM SUPERVISOR *(Head of Delegation/Area Director)*

DATE

