



Special Olympics

# Application for Sports Training Certification

(One form per certification)

Shirt Size \_\_\_\_\_

Area \_\_\_\_\_

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 <input type="checkbox"/>	Female <input type="checkbox"/>
Social Security Number:	Occupation:	

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

- I completed a Special Olympics General Orientation Quiz on \_\_\_/\_\_\_/\_\_\_ and Protective Behaviors Quiz on \_\_\_/\_\_\_/\_\_\_ Date
- The TRAINING SEMINAR/COURSE was held in \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_ City/State or Province/Country date
- I am applying for CERTIFICATION in one of the following areas:
 

<input type="checkbox"/> Skills, Sport _____	<input type="checkbox"/> Play Activities Program
<input type="checkbox"/> Tactics, Sport _____	<input type="checkbox"/> Motor Activities Training Program
<input type="checkbox"/> Unified Sports™, Sport _____	<input type="checkbox"/> Games Management
<input type="checkbox"/> Official, Sport _____	<input type="checkbox"/> Volunteer Management
<input type="checkbox"/> Comprehensive Mentoring, Sport _____	<input type="checkbox"/> Protective Behaviors
<input type="checkbox"/> Competition Management, Sport _____	<input type="checkbox"/> Principles of Coaching
<input type="checkbox"/> Coaching Special Olympics Athletes	<input type="checkbox"/> Positive Coaching Alliance Workshop
<input type="checkbox"/> Other _____	

(approved course outside of Special Olympics)
- 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.

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

- 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 an 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 \_\_\_\_\_

Make copies as needed and send the original for certification