



Special Olympics

Application for Sports Training Certification

(One form per certification)

Mentoring

Area _____

Shirt Size _____

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 _____ Mentoring Program _____ 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): _____
- PRACTICUM – a minimum of 20 hours working with Special Olympics athletes following a coach training seminar is required. 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.
- 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