



**Special  
Olympics**  
Michigan

Area/Agency/School \_\_\_\_\_

## Application for Sports Training Certification

**Please send completed form along with the \$10 certification fee to the State Office or email to [murph4kj@cmich.edu](mailto:murph4kj@cmich.edu)  
Send JPEG photo to [Murph4kj@cmich.edu](mailto:Murph4kj@cmich.edu) for a badge.**

**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:
Phone: ( )	Date of Birth:	
email address:	Male <input type="checkbox"/>	Female <input type="checkbox"/>

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

1. I am applying for CERTIFICATION in the following: \_\_\_\_\_
2. I attended the training school/webinar held on \_\_\_\_/\_\_\_\_/\_\_\_\_ in \_\_\_\_\_  
Date of training City/Area
3. Other requirements to become a certified coach:
 

a. Volunteer A form*	<input type="checkbox"/> Completed ____/____/____	<input type="checkbox"/> Not Completed
b. Protective Behaviors*	<input type="checkbox"/> Completed ____/____/____	<input type="checkbox"/> Not Completed
c. General Orientation	<input type="checkbox"/> Completed ____/____/____	<input type="checkbox"/> Not Completed
d. Concussion Training*	<input type="checkbox"/> Completed ____/____/____	<input type="checkbox"/> Not Completed

*\*These requirements expire after 3 years. All requirements **MUST** be up to date to be a certified coach*

4. Playing experience at the high school or college levels:  Yes  No  
 Sport(s): \_\_\_\_\_

5. Other Information:  
 Coaching/Officiating experience at the high school or college levels:  Yes  No (circle Coach or Official)  
 If you are an athlete becoming a coach, please check this box.

6. **If you are utilizing the MENTORING PROGRAM for certification:** a minimum of 10 hours working with a current certified coach and with Special Olympics athletes is required. Please log your practicum hours below.  
 \*Mentoring coach must have minimum 5 years' experience coach SO athletes and attended a state tournament in the past 2 years for the sport that they are mentoring in.

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

Name of Mentoring coach \_\_\_\_\_

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

\_\_\_\_\_  
 Applicant Signature      Date                      Area Director                      Date                      Sport Director                      Date

Make copies as needed and send the original for certification

# Coaches' Mentoring Checklist

## Section 1—Certification Process and important information Session

- Introductions and using the SO Sports Skills Program Guide and SOMI Guide
  - a) Explain the Special Olympics Sports Skills Guide & SOMI Program and what they are used for
- Special Olympics Mission and Coaching Philosophy
- Explain in detail the importance of Good Sportsmanship and Honest effort
- Give an overview of Events, Rules, Ability Grouping, and Divisioning
  - a) Explain SOMI, SOI & National Governing Body rules
- Discuss Coaching Fundamentals
  - a) Clear, concise, Positive Instructions
  - b) Demonstrate
  - c) Always give praise then Feedback
- Coaches forms & requirements for compliance
  - a) Volunteer A Form, Coaches Code of Conduct, Sport certification & recertification, concussion training
- Athlete Assessment (Medical Forms, Athlete Code of conduct)
- Preparation for the Sport-specific Program
- Organization of a Training Session; Discipline; Opportunities for Athlete Leadership (Global messengers)
- Prevention of Injuries; Emergency Action Plan
  - a) Athlete health appraisal forms (have at all practices & games)
  - b) Safety
    - a. What are the Universal Precautions
    - b. How and when to fill out Incident Reports
- Keys to Coaching Athletes with Intellectual Disabilities (in Training and Competition)
- Coaches Application for sports Certification and Volunteer A Forms

## Section 2—Training Session

- Warm-up and Stretching Activities
- Basic Sport Skills and Fundamentals – components of a training session (warm-up, stretching, skills, game play or competition)
- Events for Individual Sports or Individual Skills Contest, Modified Team Competition, and Team Competition for Team Sports
- Strategies for Individual Sports and Basic Information about the Game; Team Formation/Roster, Positions, and Strategies for Team Sports
- Meeting between Mentoring coach and coach to be certified (3 minimum)
- Go over a sample Eight-week Training and Competition Plan
- Coach to be certified observes training/practice (2 minimum)
- Coach to be certified reviews a conditioning or weight training session
- Coach to be certified assists during a training/practice (3 minimum)
- Coach to be certified develops training/practice session (3 minimum)
- Coach to be certified attends competition with team (2 minimum)

The following has been successfully completed by the mentoring coach and the coach to be certified.

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Mentoring Coach Verification

Date

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Coach to be certified

Date