**Application for Sports Training Certification**

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

**Please send completed form along with the $10 certification fee to the State Office or email to murph4kj@cmich.edu**

***Send JPEG photo to 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 🞎 Female 🞎 |

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

1. Other requirements to become a certified coach:
   1. Volunteer A form\* Completed \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Not Completed
   2. Protective Behaviors\* Completed \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Not Completed
   3. General Orientation Completed \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Not Completed
   4. Concussion Training\* Completed \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Not Completed

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

1. Playing experience at the high school or college levels: 🞎 Yes 🞎 No

Sport(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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. 🞎

1. **If you are utilizing the MENTORING PROGRAM for certification:** *a minimum of 10 hours* working with a current certified coach and with Special Olympics athletesis 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 |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
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Name of Mentoring coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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

1. 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

1. Explain SOMI, SOI & National Governing Body rules

* Discuss Coaching Fundamentals

1. Clear, concise, Positive Instructions
2. Demonstrate
3. Always give praise then Feedback

* Coaches forms & requirements for compliance

1. 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

1. Athlete health appraisal forms (have at all practices & games)
2. Safety
   1. What are the Universal Precautions
   2. 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentoring Coach Verification Date Coach to be certified Date