



SPORTS TRAINING APPLICATION

Instructions: Please print clearly and return to the address at the bottom of this application.

**Remember you must take General Orientation and Protective behaviors on-line in order to be a coach.

1. List the information requested in the boxes below (please print your name as it appears in the SOPA Database):

Form with fields for Name, Address, City, State, Zip, Daytime/Cell Phone, Local Program, and email address.

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

2. Level 2 - I am applying for CREDIT in ONE of the following Two Tracks:

Track 1 (New Coach) **

[] Skills - Sport _____

Track 2 (Coach with Sport Experience approved by SOPA) **

[] Coaching Special Olympics Athletes Course

Sport _____

This above training course is being held on ___/___/___ at _____ Date City/State

PRACTICUM (For Track 1 and 2 Only)

- A minimum of 10 hours working with Special Olympics Athletes in the sport listed above is required to complete your Level 2 Certification..
• Up to five hours of coaching, with a certified coach during the training season that is taking place prior to the course.
• No more than three hours may be used from coaching during a competition (no matter how many days).

Table with 3 rows: DATE, # of Hours, # of Athletes and 10 empty columns.

3. I am applying for Continuing Education in one of the following (no practicum needed):

Multiple Sport Continuing Ed. **

- [] Motor Activities Training Program (MATP)
[] Coaching Special Olympics Athletes Course
[] Games Management Training
[] Principles of Coaching
[] Unified Sports® Module 1
[] Unified Sports® Module 2
[] Positive Coaching Alliance - (attach copy of certificate)
[] First Aid or CPR (can be used once every nine years) - (attach copy of certificate)
[] Protective Behaviors Training (can be used once every nine years)
[] Other (Pre - Approved by SOPA) _____

Single Sport Continuing Ed.

- [] Cont. Ed. Sport Specific Clinic -Sport _____
[] Tactics - Sport _____
[] Official - Sport _____

**Sport or Sports - _____

4. Having satisfactorily completed all requirements, I hereby request Special Olympics certification or Continuing Education Credit in the area identified above.

Signature of Applicant/Coach Date

Signature of Practicum Supervisor Date (Local Training Coordinator, Local Certified Head Coach)