

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

1. List the information requested in the boxes below:

Name:				Address:			
City:			State			Zip	
Daytime phone:				Evening phone:			
Local program			Male		Female		
Email address:							

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

2. The General Orientation, that I attended was held on this date:

_____ Date

3. This training course is being held on this date:

_____ Date

at

_____ City & State

4. I am applying for credit in one of the following areas:

Skills	_____	Continuing Education	_____
Tactics	_____	Sport Experiences (Track 2) Coach	_____
Coaching Special Olympics Athletes	_____	Games Management	_____
Official	_____	Mentoring	_____
Motor Activities Training Program	_____	Competition Management	_____
Principles of Coaching	_____	Unified Sports	_____
Other	_____		

5. List applicable sport/course (for certification):

6. PRACTICUM - **a minimum of 10 hours** working with Special Olympic Athletes in the sport listed above (#5) is required. Five hours may be logged prior to the training session. Three of the five hours can be from a competition. Officials, Competition management Team members, and Games Management Team members may include a minimum of 10 hours preparing for and /or conducting competition.

Date														
# of hours														
# of athletes														

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 Head Coach/Trn Coord. Date

Signature of SOPA Trn Director Date