



Application for Sports Training Certification

INSTRUCTIONS: Please print clearly or type information below and return to SOVA, 3212 Skipwith Rd., Suite 100, Richmond, VA 23294.

First Name: _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip: _____	Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____ T-shirt size? _____ Are you a Special Olympics Athlete? _____
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1. I completed the Special Olympics General Orientation on _____ at _____
Date Location

2. I attended the course below and am applying for certification in (check the appropriate course below):

- | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> Coaching Special Olympics Athletes <input type="checkbox"/> Principles of Coaching <input type="checkbox"/> First Aid/CPR <input type="checkbox"/> Young Athletes <input type="checkbox"/> Motor Activities Training Program | <ul style="list-style-type: none"> <input type="checkbox"/> Skills: Sport _____ <input type="checkbox"/> Unified Sports®: Sport _____ <input type="checkbox"/> Games Management: Sport _____ <input type="checkbox"/> Official: Sport _____ <input type="checkbox"/> Other _____ |
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3. The certification course was held in _____ on _____
City Date

4. Practicum - A minimum of 10 hours working with Special Olympics athletes following a coaches' training seminar is required for coaches seeking certification the first time. Officials and games management team members may include preparing for and/or conducting competitions.

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

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

SIGNATURE OF APPLICANT

DATE

SIGNATURE PRACTICUM SUPERVISOR (Area Coordinator, Head Coach, etc.)

DATE

SIGNATURE SOVA STAFF

DATE