Special Olympics Virginia

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: _____	Home Phone: _____
Last Name: _____	Work Phone: _____
Address: _____	Cell Phone: _____
City: _____	Email: _____
State: _____ Zip: _____	T-shirt size? _____
	Are you a Special Olympics Athlete? _____

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):

   o Coaching Special Olympics Athletes
   o Principles of Coaching
   o First Aid/CPR
   o Young Athletes
   o Motor Activities Training Program
   o Skills: Sport_____
   o Unified Sports®: Sport_____
   o Games Management: Sport_____
   o Official: Sport_____
   o Other_____

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 ceritifcation 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**

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