



# APPLICATION FOR SPORTS TRAINING CERTIFICATION

**Special Olympics**

LOCAL PROGRAM: \_\_\_\_\_

**Instructions:** Please clearly print the information below and return to Special Olympics Montana:

<b>NAME:</b>	<b>ADDRESS:</b>
<b>CITY:</b>	<b>STATE:</b>
<b>DAYTIME PHONE: (     )</b>	<b>EVENING PHONE: (     )</b>
<b>CELL PHONE: (     )</b>	<b>MALE <input type="checkbox"/> FEMALE <input type="checkbox"/></b>
<b>EMAIL:</b>	<b>OCCUPATION:</b>

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

- This Application is for Initial Certification
- This application is for Re-Certification – If your Certification has not expired than you do not have to do the 10 hour practicum.

*Please use one form for each certification requested.*

## **LEVEL II – (SKILLS TRAINING – SPORTS SPECIFIC) – EXPIRES IN 3 YEARS.**

*Level II does not become effective until Level I requirements have been met. (Online General Session, Protective Behaviors, and Volunteer Background)*

Which sport are you requesting Level II certification for: \_\_\_\_\_

The training course was held in \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
City / State Date

Practicum: A minimum of 10 hours working with Special Olympics athletes is required for first time Level II coaches. Renewal of Level II training does not require a practicum.

## **LEVEL III – (NON-SPORTS SPECIFIC) – EXPIRES IN 3 YEARS**

*Level III does not become effective until Level II requirements have been met.*

Which Clinic was attended: Principles of Coaching   
Unified Sports (Re-cert only)

The training course was held in \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
City / State Date

**LEVEL IV – (TACTICS TRAINING – SPORT-SPECIFIC)– EXPIRES IN 3 YEARS**

*Level IV does not become effective until Level III requirements have been met.*

Which sport are you requesting Level IV certification for? \_\_\_\_\_

The training course was held in \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
City / State Date

**ADDITIONAL TRAINING OPPORTUNITIES:**

- GAMES MANAGEMENT
- SPORTS OFFICIAL (SPORT: \_\_\_\_\_)
- VOLUNTEER MANAGEMENT
- COACHING SPECIAL OLYMPICS ATHLETES
- COMPETITION MANAGEMENT (SPORT: \_\_\_\_\_)
- FIRST AID / CPR – LEVEL II RE-CERT
- YOUNG ATHLETES PROGRAM
- MOTOR ACTIVITIES TRAINING PROGRAM
- OTHER: \_\_\_\_\_ )  
(MUST BE APPROVED BY VP SPORTS AND COMPETITION)

Having satisfactorily completed all the requirements, I hereby request Special Olympics Montana Coaches Certification in the area identified above.

_____ Applicant	_____ DATE
_____ Clinician	_____ DATE
_____ SOMT Training and Comp. Coordinator	_____ DATE