



Special Olympics
Montana

Practicum Application for Sports Training Certification

Local Program

Instructions: Please print clearly or type information below and return to your local program office. List **Permanent** Mailing Address, including zip code, and telephone number:

Name:	Address:
City:	State: Zip:
Daytime Phone: ()	Evening Phone: ()
Cell Phone: ()	Male <input type="checkbox"/> Female <input type="checkbox"/>
e-mail:	Occupation:

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

Please use one form for each sports practicum submitted.

I certify that I have a minimum of 10 hours working with **Special Olympics athletes** in the sport of _____.

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

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

Applicant Date

Clinician or Individual certifying completion Date

VP, Sports and Competition, SOMT Date