



Special Olympics

# SPORTS TRAINING APPLICATION

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

\*\*Remember you must take General Orientation and Protective behaviors on-line in order to be a coach.

1. List the information requested in the boxes below (please print your name as it appears in the SOPA Database):

Name:	Address:		
City:	State:	Zip:	
Daytime/Cell Phone: ( )	Local Program		
email address:			

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

2. Level 2 - I am applying for CREDIT in ONE of the following Two Tracks:

**Track 1 (New Coach) \*\***

Skills - Sport \_\_\_\_\_

**Track 2 (Coach with Sport Experience approved by SOPA) \*\***

Coaching Special Olympics Athletes Course

Sport \_\_\_\_\_

This above training course is being held on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_.  
Date City/State

**PRACTICUM (For Track 1 and 2 Only)**

- A minimum of 10 hours working with Special Olympics Athletes in the sport listed above is required to complete your Level 2 Certification..
- Up to five hours of coaching, with a **certified coach** during the training season that is taking place prior to the course. (ex. if you have 5 training sessions before you take your sport training, you may use 5 hours from this time as long as you were coaching under a certified coach)
- No more than three hours may be used from coaching during a competition (no matter how many days).

DATE										
# of Hours										
# of Athletes										

3. I am applying for Continuing Education in one of the following (no practicum needed):

**Multiple Sport Continuing Ed. \*\***

- Motor Activities Training Program (MATP)
- Coaching Special Olympics Athletes Course
- Games Management Training
- Principles of Coaching
- Unified Sports® Module 1
- Unified Sports® Module 2
- Positive Coaching Alliance - (attach copy of certificate)
- First Aid or CPR (can be used once every nine years) - (attach copy of certificate)
- Protective Behaviors Training (can be used once every nine years)
- Other (Pre - Approved by SOPA) \_\_\_\_\_

**Single Sport Continuing Ed.**

- Cont. Ed. Sport Specific Clinic -Sport \_\_\_\_\_
- Tactics - Sport \_\_\_\_\_
- Official - Sport \_\_\_\_\_

\*\*Sport or Sports - \_\_\_\_\_

4. 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 Practicum Supervisor Date  
(Local Training Coordinator, Local Certified Head Coach)

Please make a copy for your personal and your local program's records and then email this document to [sportstraining@specialolympicspa.org](mailto:sportstraining@specialolympicspa.org) or fax to 814.234.7905