



# SPORTS TRAINING APPLICATION

## \*\*Continuing Education Credit Only

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

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.

- **Under the Multi-Sport Continuing ED:**
  - **A copy of the certificate(s) must be attached**
  - **Remember to include all sports that continuing ed is needed for on the Sports Line**

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

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

- Motor Activities Training Program (MATP)
- Games Management Training
- Principles of Coaching
- Coaching Special Olympics Athletes Course
- Unified Sports® Module 1 – Online
- Positive Coaching Alliance
  - Double Goal Coach
  - Second Goal Parent
- National Federation of High Schools Course: \_\_\_\_\_
- The American Sports Education Program Course: \_\_\_\_\_
- Other (Pre - Approved by SOPA) \_\_\_\_\_

**Single Sport Continuing Ed.**

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

The Following courses may be used once every nine years:

- Concussion Training –
  - National Federation of High Schools
  - Center for Disease Control
- First Aid or CPR
- Protective Behaviors Training Date: \_\_\_\_\_

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

3. Having satisfactorily completed all requirements, I hereby request Special Olympics Continuing Education Credit in the area identified above.

\_\_\_\_\_  
Signature of Applicant/Coach

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Practicum Supervisor  
(Local Training Coordinator, Local Certified Head Coach)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date