



**APPLICATION FOR COACH CERTIFICATION**

NAME \_\_\_\_\_ T-shirt Size \_\_\_\_\_ LOCAL PROGRAM: \_\_\_\_\_

E-Mail \_\_\_\_\_

Please use one form for each certification requested. Coaches need to be recertified every three years.

**Class A Volunteer Application must be complete/current before receiving Certification.**

Certification includes completed Volunteer Application, Background Check – except for people 17 years of age or younger, Online Protective Behavior, Concussion Training and General Orientation Training

Training Location			DATE
<b>Clinician</b>			
Check	Level	Course	Specify Sport or Additional Info.
	I	Skills/Sport (list sport in next column)	
	I	Unified Sports	
	I	Young Athlete Program	
	II	Principles of Coaching	
	II	Coaching Special Olympics Athletes	
	III	Tactics, Sport	
	IIII	Comprehensive Mentoring, Sport	
		Sport Official, Sport	
		Games Management	
		Other – please list	

**Practicum:** A minimum of 10 hours coaching with a mentor with SO Athletes – Level I Coaches initial certification.

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

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Clinician

\_\_\_\_\_  
DATE