



Special Olympics Alaska 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 and telephone number:

Name:	Address:		
City:	State:	Zip:	
Daytime Phone: ()	Evening Phone: ()		
Email address:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Security Number: XXX XX XXX	Occupation:		

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

If you are an athlete seeking certification, please check this box.

2.	I attended or took an online Special Olympics General Orientation in:	City/State or Province/Country	on	Date
3.	I attended or took an online course in Athlete Protective Behaviors in:	City/State or Province/Country	on	Date
4.	The Training/Course was held in:	City/State or Province/Country	on	Date
		Anchorage		

5. I am applying for CERTIFICATION in one of the following areas:		
X	Skills, Sport:	Play Activities Program
	Tactics, Sport:	Motor Activities Training Program
	Unified Sports®, Sport:	Games Management
	Official, Sport:	Volunteer Management
	Comprehensive Mentoring, Sport:	Protective Behaviors
	Competition Management, Sport:	Principles of Coaching
X	Coaching Special Olympics Athletes	Positive Coaching Alliance Workshop
	Other approved course outside Special Olympics:	

6. Coaching/Officiating experience at high school or college levels:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Circle Coach or Official
Playing experience at high school or college levels:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Sport (s):

7. PRACTICUM – SONA is now requiring practicum hours for **initial certification only** and not for recertification and/or continuing education.

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

8. Other Information:

How many Special Olympics sports do you coach?		In how many sports are you certified?
Highest level of education achieved:		
Do you have any relatives with intellectual disabilities?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
If yes, relationship:		
If you are an athlete becoming a coach, please check this box. <input type="checkbox"/>		

9. Having satisfactorily completed all requirements, I hereby request Special Olympics certification in the area identified above. The following people sign off and verify that the requirements have been completed.

Applicant	Date	Local Program Coordinator	Date	Sport Director	Date
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