Special Olympics
Georgia

Application for Sports Training Certification

(One form per certification)

Local Program

Instructions: Please print clearly or type information below and return to your local program office.

1. List **Permanent** Mailing Address and telephone number:

Full Name:	Address:
City:	State: Zip:
Daytime Phone: ( )	Evening Phone: ( )
e-mail address:	Male: Female:
Social Security Number	Occupation:
Has your address changed since your last certification? Yes_____ No_____	

2. I attended a Special Olympics General Orientation in _____ on ___/___/___
   City/State or Province/Country date

3. The TRAINING SEMINAR/COURSE was held in _____ on ___/___/___
   City/State or Province/Country date

4. I am applying for CERTIFICATION in Skills, Sport of **TENNIS**

5. Coaching experience at the high school or college levels _____Yes _____No

6. Officiating experience at the high school or college levels _____Yes _____No

7. Playing experience at the high school or college levels ____Yes ____No
   Sport(s):_____

8. PRACTICUM - a minimum of 10 hours working with Special Olympic athletes following a coach training seminar is required. Officials, Competition Management members, and Games Management Team members may include a minimum of 10 hours in preparing for and/or conducting competitions.
   All applications must have practicum hours listed.

Date	# Hours	# Athletes

Date	# Hours	# Athletes

9. Other Information:
   How many Special Olympic sports do you Coach?_____ In how many sports are you certified?_____
   Highest level of education achieved:_____
   Do you have any relatives with mental retardation? ____Yes ____No If yes, relationship_____
   Are you an athlete becoming a coach? _____Yes _____No

10. I certify that I have satisfied and completed all the above requirements. I hereby request Special Olympics' certification as a Tennis Coach.

_____ ___/___/___
Applicant Date

_____ ___/___/___
Local Program Coordinator Date

_____ ___/___/___
Sport Director Date