



Special Olympics

Wisconsin

Be a fan™

Support. Volunteer. Compete.

Agency Number:

Application for Sports Certification

One form per certification

Instructions: Please print clearly or type information below and return to the Headquarters office.

List permanent mailing address and telephone number (not college address):

Name: Email: Address: Daytime Phone: ( ) City: Evening Phone: ( ) State: Zip: Male Female Class A Volunteer ID # (optional): Occupation:

If you are an SOWI athlete becoming a coach, check this box.

If your address changed since your Class A registration or last certification, please check this box.

I am a Class A registered volunteer with SOWI. Yes No

The Certified Training School I attended was for: (please list sport)

The Training School was held in on (city) (month/date/year)

I am applying for CERTIFICATION in one of the following areas:

- Sport: Games Management Training Program Certified Clinician for: (Please list all sports) Other:

Coaching/Officiating experience at the high school/college levels (circle Coach or Official): Yes No

Playing experience at high school or college levels: Yes No

Sport(s) you played:

PRACTICUM - a minimum of 10 hours working with Special Olympic athletes following a certified training school is required in the sport you are becoming certified in. Hours must be completed after attending a training school and within one year of the date you attended. Up to three hours may be used from each practice and each tournament. All applications must have practicum dates and hours listed.

Table with 9 columns: Date, # of Hours, # of Athletes, Date, # of Hours, # of Athletes, Date, # of Hours, # of Athletes

Other Information:

How many SO sports do you coach? How many sports are you certified in?

Highest level of education achieved:

Do you have any relatives with a cognitive disability? Yes No If yes, relationship:

I have read the SOWI/SOI/NGB sports rules for the sport listed above, I am familiar with the SOWI Competition Guide and current rule changes, and will comply with the Certified Coach Code of Conduct. Having satisfactorily completed all requirements, I hereby request Special Olympics certification in the area identified above.

For Office Use Only

Applicant Signature

Date

Agency Manager Signature

Date

Table with 3 columns: Initials, Date, and rows for BB Check, Email AM, BB Entry

## Process to Become a Special Olympics Certified Coach

1. Person completing an Application for Sports Certification must have attended an entire SOWI Certified Training School (CTS).
2. After attending a CTS, coaches must complete 10 hours of practicum working with Special Olympics athletes in the specific sport the coach was trained to be certified in – **all hours must be completed after attending the CTS. Application forms must be received by the program office within one year of the date of attendance – forms received after a year will be void.**
3. All lines on the Application for Sports Certification must be filled in:
  - a. Agency number in the top right hand corner
  - b. Personal contact information in the boxes – please use the full name used on your Class A Volunteer form (i.e. Michelle instead of Shelly)
  - c. Class A Volunteer status must be checked YES or NO
  - d. Sport, city and date of CTS must be completed
  - e. Check the certification category applying for. If checking *Sport*, please write the specific sport you are applying for (one sport per application)
  - f. Coaching/Officiating experience must be completed
  - g. Education and family background information must be completed
  - h. PRACTICUM HOURS: Please accurately fill in table with **training dates, number of hours, and number of athletes**. Up to **THREE HOURS per date** may be used for each practice or tournament. *Only use hours for the sport you are applying to be certified in.*
4. The application must be signed by the applying coach and Agency Manager.
5. It is encouraged that applicants and/or Agency Manager make a copy of the form before it is mailed to the Headquarters office.
6. Once the completed form is received and approved, it is entered into the SOWI volunteer database. Coaches will receive a confirmation letter informing them of their new certification and date of expiration. **All certifications expire on December 31<sup>st</sup> of the third calendar year from the date of the CTS.** Approximately six months before a certification expires, a letter is mailed to the coach informing them of the upcoming expiration.
7. If you have any questions, please contact the Director of Training & Competition at 1-800-552-1324, ext. 5679.
8. Please mail the application to the address below:

**Special Olympics Wisconsin**

**Attn: Director of Training & Competition**

**2310 Crossroads Drive, Suite 1000**

**Madison, WI 53718**