



# Application for Sports Training Certification

**Instructions:** Please print clearly or type information below and return to Special Olympics Wyoming. One form per certification  
Please list **Permanent** Mailing Address and telephone number:

1.	<b>Name:</b>	<b>Address:</b>
	<b>City:</b>	<b>State:</b> <b>Zip:</b>
	<b>Daytime Phone:</b> ( )	<b>Evening Phone:</b> ( )
	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>	<b>Email:</b>
	<b>DOB</b> (mm/dd/yyyy):	<b>Occupation:</b>
	<b>T-Shirt Size:</b>	<b>Local Program:</b>

2.	<b>Completion of the following is required for certification*</b>	<b>Yes</b>	<b>No</b>
	• Online General Session and quiz	<input type="checkbox"/>	<input type="checkbox"/>
	• Protective Behaviors Training	<input type="checkbox"/>	<input type="checkbox"/>
	• Current Volunteer Registration on file with SOWY	<input type="checkbox"/>	<input type="checkbox"/>

\*These documents can be found at [www.sowy.org](http://www.sowy.org). Please call SOWY to verify expiration dates on current forms.

3.	<b>The Sport-Specific Skills Training was held in:</b>		on	
		City		date

4.	<b>I am applying for CERTIFICATION in one of the following areas:</b>			
<input type="checkbox"/>	Sport-specific Training, (List Sport):	<input type="checkbox"/>	Principles of Coaching Online Course	
<input type="checkbox"/>	Coaching Special Olympics Athletes Online Course	<input type="checkbox"/>	Comprehensive Mentoring,(List Sport):	
<input type="checkbox"/>	Unified Sports® Online Course	<input type="checkbox"/>	Tactics, (List Sport):	
<input type="checkbox"/>	Other:	(Approved course outside of Special Olympics)		

5.	<b>Coaching/Officiating/Playing experience at the high school or college levels:</b>	<b>Yes</b>	<b>No</b>
	(circle: Coach, Official, and/or Playing)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Sport (s):</b>		

**6. Other Information:**

How many Special Olympics sports do you coach?	
In how many sports are you certified?	
If you are an athlete seeking certification, check this box	<input type="checkbox"/>

7. Having satisfactorily completed all requirements, I hereby request Special Olympics certification in the area identified above.

<b>Applicant</b>	<b>Date</b>	<b>Local Program Coordinator</b>	<b>Date</b>	<b>SOWY Sport Director</b>	<b>Date</b>

(required)

<i>Office Use Only</i>	
<i>Date Received:</i>	
<i>Entered in GMS:</i>	
<i>Certificate Sent:</i>	
<i>T-Shirt Sent:</i>	

Make copies as needed and send the original for certification  
Special Olympics Wyoming: 239 West 1<sup>st</sup> Street, Casper WY 82601  
Phone: (307) 235-3062 Fax: (307) 235-3063  
Email: Program@specialolympicswy.org