



**Special  
Olympics**  
Wyoming

# Application for Sports Training Certification

(One form per certification)

|                       |
|-----------------------|
| <b>Local Program:</b> |
|-----------------------|

**Instructions:** Please print clearly or type information below and return to Special Olympics Wyoming.

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> |

|    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| 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"/> | Skills, (List Sport):   | <input type="checkbox"/>                      | Principles of Coaching                |
| <input type="checkbox"/> | Coaching Special Olympics Athletes                                    | <input type="checkbox"/>                      | Comprehensive Mentoring,(List Sport): |
| <input type="checkbox"/> | Unified Sports  | <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><br>(circle Coach, Official, and/or Playing) | <b>Yes</b>               | <b>No</b>                |
|    | <b>Sport (s):</b>  | <input type="checkbox"/> | <input type="checkbox"/> |

6. **PRACTICUM** – a *minimum* of 10 hours working with **Special Olympics athletes** following a coach training seminar is required. **All applicants must have practicum hours listed.**

| Date | # of Hours | # of Athletes | Date | # of Hours | # of Athletes | Date | # of Hours | # of Athletes |
|------|------------|---------------|------|------------|---------------|------|------------|---------------|
|      |            |               |      |            |               |      |            |               |
|      |            |               |      |            |               |      |            |               |
|      |            |               |      |            |               |      |            |               |
|      |            |               |      |            |               |      |            |               |

**7. 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"/> |

8. 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)

Make copies as needed and send the original for certification  
 Special Olympics Wyoming: 232 E. 2<sup>nd</sup> Street, Suite 201, Casper WY 82604  
 Phone: (307) 235-3062 Fax: (307) 235-3063  
 Email: Program@specialolympicswy.org