

E. LEVEL V TRAINING (MENTORING PROGRAM) – expires in 4 years

The TRAINING COURSE was held in _____ on ____/____/____
 City/State date

Comprehensive Mentoring, Sport _____

F. ADDITIONAL TRAINING OPPORTUNITIES

The TRAINING COURSE was held in _____ on ____/____/____
 City/State date

- Games Management
- Sports Official, Sport _____
- Volunteer Management
- Competition Management, Sport _____
- First Aid/CPR
- Positive Coaching Alliance Workshop (*not a Special Olympics program course*)
- Young Athletes Program
- Motor Activities Training Program
- Other _____
(approved course outside of Special Olympics)

PRACTICUM – a minimum of 10 hours working with **Special Olympics athletes** is required, except for Level I certification. Complete practicum statement or list practicum below:

I certify that I have a minimum of 10 hours working with **Special Olympics athletes** in the sport of _____.

| Date | # of Hours | # of Athletes | | Date | # of Hours | # of Athletes | | Date | # of Hours | # of Athletes |
|------|------------|---------------|--|------|------------|---------------|--|------|------------|---------------|
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Having satisfactorily completed all requirements, I hereby request Special Olympics certification in the area identified above.

 Applicant

 Date

 Clinician or Individual certifying completion

 Date

 VP, Sports and Competition, SOMT

 Date