

Collegiate Strength & Conditioning Coaches assoc.

www.cscca.org tel. (801) 375-9400 info@cscca.org

Ы CON PO Box 7100 University Station Provo, Utah 84602 U.S.A.

FIRST	TIME T	EST T/	KER:	Yes	No
			All Address and		

RETAKING: Written Practical Both N/A

RECERTIFICATION: Yes No

IF APPLICABLE:

NUMBER OF YEARS FULL TIME STRENGTH & CONDITIONING COACH ON COLLEGIATE OR PROFESSIONAL LEVEL:

	dline: February 21, 2018
Please type or print neatly CONTACT INFORMATION	
	lle Initial: Last Name:
Mailing Address (Where your SCCC Certificate should be mailed):	Work Phone: Ext:
	Cell Phone:
City:	Fax:
State: Zip:	Email:
Name on Driver's License (or other current, government-issued p	photo ID that you will use for exam check-in):
Name (exactly as you would like it to appear on your SCCC Certificate):	

CERTIFICATION APPLICATION FOR SPRING 2018 EXAMINATION

University, Institution, or Franchise with which you are currently affiliated: -

PROFESSIONAL INFORMATION

Do you currently hold a Bachelor's degree? 🗌 Yes 🗌 N
--

If not, what is your projected date of graduation?

Degree/Area of Study: _

Do you currently hold a Master's degree? \Box Yes \Box No

Degree/Area of Study:

Other Professional Strength and Conditioning Credentials:

PRACTICUM/INTERNSHIP INFORMATION

University / College / Franchise:

*Mentor's Name: *From: *To:_ (MM/DD/YYYY) (MM/DD/YYYY) *Note: Your Practicum Waiver should have been submitted at the beginning of your internship. Please make sure that the

information here corresponds with the information submitted on that form.

regarding your progress toward completing your SCCC requirements? (Check One) 🗌 Yes 🗌 No
Do you give permission for CSCCa National Office personnel to provide information to your CSCCa-approved mentor

PAYMENT INFORMATION

The certification fee is \$360 for CSCCa Members	
and \$470 for non-members. To retake one portion, th	e
fee is \$205 for members and \$250 for non members.	

Collegiate Strength & Conditioning Coaches association (CSCCa)

Collegiate Strength & Conditioning Coaches association

Date

Signature

Members*: \$360 (2 parts) \$205 (1 part) Non-Members: \$470 (2 parts) \$250 (1 part)

*Note: Payment of Membership Dues required.

**Note: This form is not valid without payment of the SCCC Certification Fee, which is due by February 20, 2017

University Station Provo, UT 84602

P.O. Box 7100

RE: Certification Application

Please make check* payable to: