



Collegiate Strength & Conditioning Coaches assoc.

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

P.O. Box 7100
University Station
Provo, Utah 84602
U.S.A.

ONLY THE WRITTEN PORTION OF THE SCCC EXAM
WILL BE OFFERED IN DECEMBER.

PRACTICAL EXAM PASSED: [] Yes [] No

RECERTIFICATION: [] Yes [] No

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

CERTIFICATION APPLICATION FOR DECEMBER 2017 RETAKE EXAMINATION

Application Deadline: October 18, 2017

Please type or print neatly...

CONTACT INFORMATION

First Name: _____ Middle 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 photo ID that you will use for exam check-in): _____

Name (exactly as you would like it to appear on your SCCC Certificate): _____

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

EDUCATIONAL BACKGROUND INFORMATION

Do you currently hold a Bachelor's degree? [] Yes [] No

If not, what is your projected date of graduation? _____

Degree/Area of Study: _____

Do you currently hold a Master's degree? [] Yes [] 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.

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

PAYMENT INFORMATION

The certification fee to retake both portions is \$360 for CSCCa Members and \$470 for non-members. To retake one portion, the fee is \$205 for members and \$250 for non-members.

Please make check* payable to:

Collegiate Strength & Conditioning Coaches association (CSCCa)
Collegiate Strength & Conditioning Coaches association
RE: Certification Application
P.O. Box 7100
University Station
Provo, UT 84602

Signature _____

Date _____

Member*: \$360 (2 parts) \$205 (1 part)
Non-Member: \$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 October 18, 2017.