



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

IF APPLICABLE:

NUMBER OF YEARS FULL TIME STRENGTH & CONDITIONING COACH OF A
COLLEGIATE OR PROFESSIONAL ATHLETIC TEAM: _____

CERTIFICATION APPLICATION FOR DECEMBER 2020 RETAKE EXAMINATION

Application Deadline: October 14, 2020

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 ☐ In Progress

If in progress, what is your projected date of graduation? _____

Degree/Area of Study: _____

Do you currently hold a Master's degree? ☐ Yes ☐ No ☐ In Progress

If in progress, what is your projected date of graduation? _____

Degree/Area of Study: _____

Other Professional Strength and Conditioning Related 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.

PAYMENT INFORMATION

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

Member*: \$205 (1 part)
Non-Member: \$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 14, 2020.

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Application Deadline: October 14, 2020

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CONFIDENTIALITY AGREEMENT

In order to protect the integrity of the SCCC Certification, it is necessary to require all SCCC candidates to sign a confidentiality agreement form. Please read the information provided below and sign where indicated to verify your compliance with CSCCa exam security policy.

Ensuring Exam Integrity

Candidates for both portions of the exam are prohibited from giving or receiving unauthorized information or aid to or from other persons, or attempting to remove test materials or notes from the testing room. Recording, copying, reproducing, disclosing, sharing, publishing, or transmitting examination, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose is strictly prohibited. These, or other incidents of cheating or security violations, may be sufficient cause to terminate candidate participation in the examination administration or to invalidate scores. Irregularities may also be evidenced by subsequent statistical analysis of testing materials. Cases of suspected cheating or examination security violations will be investigated under the Disciplinary Policy. (Candidate Handbook p.14)

I acknowledge that I have read and agree to maintain the confidentiality of the SCCC Exam and that I will not disclose any information relating to the exam. I further acknowledge that any such violation as listed above may result in my scores being made invalid and thus voided.

Printed Name: _____ Date: _____

Signature: _____

CONTACT AND PAYMENT INFORMATION

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