



# Practicum Waiver & Information Form

(To be submitted at the beginning of the CSCCa-approved internship)

## CSCCa Practicum/Internship Disclaimer

Candidate's Name: \_\_\_\_\_

Candidate's Phone Number: \_\_\_\_\_ Candidate's Email Address: \_\_\_\_\_

Check one to indicate the nature of your internship:

- Candidate is completing the 640-hour practicum/internship requirement

Internship Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Projected Internship Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
( mm / dd / yyyy ) ( mm / dd / yyyy )

- Candidate is reviewing the CSCCa mentoring booklet and Final Checklist to confirm that work experience (of at least 3 full-time years) has included the items on the checklist

CSCCa-Approved Mentor: \_\_\_\_\_

Please indicate when the candidate will be sitting for the SCCC Certification Exam: \_\_\_\_/\_\_\_\_  
( mm / yyyy )

## CSCCa Practicum/Internship Disclaimer

The Collegiate Strength and Conditioning Coaches association (CSCCa) offers a practicum/internship program. A practicum/internship completed under the supervision of a CSCCa Approved Mentor is a prerequisite to sit for the SCCC Certification Exam. The CSCCa approves mentors based upon an objective standard. All practicum/internship opportunities for certification candidates are arranged through each mentor and/or the employer of a specific mentor based upon space availability and applicant criteria, all of which are separate from any CSCCa affiliation. Therefore, the CSCCa is not liable and is held harmless in any capacity for any independent acts of mentors and applicable employers of said mentors toward a certification candidate not consistent with the educational intent of the internship/practicum process, which includes, but is not limited to criminal acts, discriminatory activity, physical injuries incurred by the candidate and/or any conduct perceived offensive to a candidate seeking certification through an educational internship/practicum opportunity.

\_\_\_\_\_  
Candidate's Name (Print)

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

## CSCCa-Approved Mentor Agreement

By signing below, the CSCCa-approved mentor indicates that he/she is aware of the candidate's intent to complete a CSCCa-approved internship under his/her supervision. The mentor confirms that the above practicum/internship dates have been agreed upon with the candidate. The mentor and candidate both retain the right to terminate the internship at any time. The mentor agrees either to submit an internship completion verification form at the successful completion of the internship, or to notify the CSCCa in writing by email at [info@cscca.org](mailto:info@cscca.org) if the internship has been terminated.

\_\_\_\_\_  
Mentor's Name (Print)

\_\_\_\_\_  
Mentor's Signature

\_\_\_\_\_  
Date