



Collegiate Strength & Conditioning Coaches ASSOCIATION

www.csc.ca.org
tel. (801) 375-9400
fax (801) 375-9401

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

FEBRUARY 7, 2015 SCCC CERTIFICATION EXAMINATION RETAKE APPLICATION

Application Deadline: November 17th

Please type or print neatly...

First Name: Middle Initial: Last Name:

Name for Certificate: NOTE: Please write your name exactly as you would like it to appear on your certification certificate.

Mailing Address: Home Work Work Phone: Ext: Cell Phone: Fax: City: State: Zip: Email:

WHICH PORTION(S) DO YOU NEED TO RETAKE: WRITTEN PRACTICAL BOTH

Year you last took SCCC Certification Examination:

University or Professional Athletic Team where you are currently employed : (Full-time Strength & Conditioning Coaches Only)

If applicable, where was your practicum / internship / residency / graduate assistantship completed:

University / College / Professional Team: From: To: (Date) (Date)

Mentor's Name:

Current CPR/First Aid/AED Certification Expiration Date: (Please submit a photocopy of both sides of your CPR certification card--which must be current on the day of the certification examination--with this application.)

In order to be eligible to take any portion of the SCCC certification examination you must also be current on your annual membership dues.

The Certification Retake fee is \$150 per section, \$275 for both.

Please make check* payable to:

Collegiate Strength & Conditioning Coaches association

Return Completed Form, CPR/First Aid/AED Verification, and Payment to:

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

Signature

Date

Amount Due: \$150 Single Portion OR \$275 Both Portions

Amount Paid: