



**COLLEGIATE STRENGTH & CONDITIONING COACHES ASSOCIATION**

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**CSCCa Approved Mentor Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

University/Institution \_\_\_\_\_

Number of Years as a **Full Time** Strength and Conditioning Coach \_\_\_\_\_

Current Position Title: \_\_\_\_\_

Employment History as Full-time Strength and Conditioning Coach for past 3 years

\*Graduate Assistant and intern positions are not considered Full-time.

<u>Position</u>	<u>University</u>	<u>MM/YY</u>

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Comments: \_\_\_\_\_

**For CSCCa National Office Use ONLY:**

Years Verified:	Contract signed:
Approved:	Packet Sent: