



Special Olympics Canada
3M National Coaching Certification Program

Level I Practical Component Application

Name: _____ N.C.C.P. Passport # _____

Address: _____

Phone: _____ E-mail: _____

A. Presently Completed

N.C.C.P. Theory 1 _____ (date & local) Technical 1 _____ (date & local)

N.C.C.P. Theory 2 _____ (date & local) Technical 2 _____ (date & local)

N.C.C.P. Theory 3 _____ (date & local) Technical 3 _____ (date & local)

B. Coaches Applying for Past Coaching Credit

Indicate total number of years coaching, locations and positions held.

C. Coaches Applying for Initial Credit

Name of Program: _____ Location: _____

Name of Head Coach: _____ Phone: _____

