

**Application for USMS Coach Certification Clinic Instructor**

Name \_\_\_\_\_

Club \_\_\_\_\_

Email \_\_\_\_\_

Phone H: \_\_\_\_\_ C: \_\_\_\_\_

LMSC: \_\_\_\_\_

Preferred geographic region for instructing: \_\_\_\_\_

Are you able to travel during the week? \_\_\_ If no, then days you can travel:

\_\_\_\_\_

Do you have a USMS Coach Certification? Y / N If yes, what level? \_\_\_\_\_

Please list any other certifications for coaching or safety, with expiration dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe any education or training experience you have and attach resume and cover letter.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_