



Coach Education Program Application

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Web site: www.usja-judo.org • Email: membership@usja-judo.org

Section 1: Instructions

- Candidates must complete sections 2-5 of this form. Please print clearly.
- Endorsement of a USJA Coach Education Committee Course Instructor is required in section 6.
- Mail this form and \$30 (checks made payable to USJA).
- For further information on the USJA Coach Education Program, visit the USJA web site.

Section 2: General Information

Name _____ Profession: _____
 Address _____ City _____ State _____ Zip _____
 Date of Birth _____ Home Phone _____ Email Address: _____
 National Membership: USJA # _____ Other _____
 Rank _____ Issued by _____ Date of Rank _____
 Payment enclosed in: Check Visa MasterCard Discover
 Credit Card Number _____ Expiration Date _____
 Authorized Signature _____

Section 3: Coaching History

Club/School/Team	From – To?
_____	_____
_____	_____
_____	_____

Section 4: Formal Education

Major/Minor _____ AA/AS BA/BS MA/MS PhD
 Major/Minor _____ AA/AS BA/BS MA/MS PhD

Section 5: Other Sport Science, Education or Medical Coursework/Certificates

Course or Certificate	Date Attended	Expiration (if any)
_____	_____	_____

Section 6: Course Completion and Approval

Initial Certification Recertification Expiration date of previous certification _____
 The candidate has been approved for: Level E Level D Level C
 Course Location _____ Date(s) _____

Signature of authorized Course Instructor

Printed Name of Course Instructor