

NSCA STATE/PROVINCIAL VOLUNTEER APPLICATION



APPLICANT INFORMATION			
State/Province Applying For :			
Position Applying For:	Advisory Board <input type="checkbox"/>	State Director <input type="checkbox"/>	Regional Coordinator <input type="checkbox"/>
Last Name	First	M.I.	
Street Address			Apartment/Unit #
City	State	ZIP	
Phone	E-mail Address		
Which of the following NSCA credentials do you hold?		CSCS*D <input type="checkbox"/>	CSCS <input type="checkbox"/>
		CPT*D <input type="checkbox"/>	CPT <input type="checkbox"/>
		Years Certified:	
		Years Certified:	
How long have you been a member of the NSCA?			

CURRENT EMPLOYMENT	
Company	Phone ()
Job Title	Address

EDUCATION					
Highest Degree	Doctorate <input type="checkbox"/>	Masters <input type="checkbox"/>	Bachelors <input type="checkbox"/>	Associates <input type="checkbox"/>	Year Graduated:
Field of Study:					

OTHER CERTIFICATIONS/LICENSURES <i>Please check other certifications or licenses that you hold</i>					
USAW <input type="checkbox"/> Level ____	ACSM <input type="checkbox"/> _____	NASM <input type="checkbox"/> _____	SCCC <input type="checkbox"/>		
ATC <input type="checkbox"/> ATC/L <input type="checkbox"/>	MPT <input type="checkbox"/> DPT <input type="checkbox"/>	RD <input type="checkbox"/>	Other:		

NSCA INVOLVEMENT		
<i>Please indicate the number of the following NSCA approved conferences or clinics you have attended.</i>		
National Conference: _____	Personal Trainers Conference: _____	Sport Specific Conference: _____
TSAC Conference: _____	Regional Conference: _____	State Clinic: _____
Other: _____ No. _____	Other: _____ No. _____	
<i>Please identify the NSCA activities you have been involved in and identify the years of involvement.</i>		
Special Interest Group: _____	Years: _____	
Regional Coordinator: _____	Years: _____	
State Advisory Board: _____	Years: _____	
State Director: _____	Years: _____	
NSCA Committee: _____	Years: _____	

Other: _____	Years: _____
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Please indicate the number of NSCA activities you have hosted or assisted with .

Regional Conference: Host <input type="checkbox"/> Assisted <input type="checkbox"/> No. _____	
State Clinic: Host <input type="checkbox"/> Assisted <input type="checkbox"/> No. _____	NSCA ERP: Sponsor <input type="checkbox"/>
CSCS Symposium: Host <input type="checkbox"/> Assisted <input type="checkbox"/> No. _____	CSCA Exam: Host <input type="checkbox"/> Assisted <input type="checkbox"/> No. _____
CPT Symposium: Host <input type="checkbox"/> Assisted <input type="checkbox"/> No. _____	CPT Exam: Host <input type="checkbox"/> Assisted <input type="checkbox"/> No. _____
	Other: _____

Please identify the general subject matter and the number of presentations or educational articles you have provided for the following:

NSCA National Conference	<i>Subject(s):</i>	No.
NSCA Regional Conference	<i>Subject(s):</i>	No.
NSCA State Clinic	<i>Subject(s):</i>	No.
Journal of Strength and Conditioning Research (JSCR)	<i>Subject(s):</i>	No.
Strength & Conditioning Journal (SCJ)	<i>Subject(s):</i>	No.
NSCA Performance Training Journal (PTJ)	<i>Subject(s):</i>	No.
TSAC Report	<i>Subject(s):</i>	No.
Other: _____	<i>Subject(s):</i>	No.
Other: _____	<i>Subject(s):</i>	No.

Please identify any other NSCA related activities you have assisted with.

In a brief paragraph, what are at least 3 goals you would have as a coordinator, director or advisory board member?

*** Please submit a resume identifying additional professional work and involvement.

COMMITMENT TO THE NSCA SPD PROGRAM

I have reviewed the SPD Handbook and understand the roles and responsibilities of the position I am applying for .

Signature

Date