

APPLICATION FORM FOR USAV-CAP RECERTIFICATION

*Name: _____
School/Team/Organization Coaching for: _____
*Home Address: _____
*Home PH: _____ *Work PH: _____ or *Cell PH: _____ Fax: _____
*Email(s): _____
*USAV Region: _____ *Date of Birth: _____
*Member Number: _____ or *Last 4 SSN: _____ **Required info*

Instructions: Choose ONE of the following two methods to apply for your recertification and return this form, **and include any ORIGINAL MODULE CERTIFICATES & other documentation**, if applicable, NO EARLIER THAN **90 DAYS PRIOR** TO THE EXPIRATION DATE OF YOUR CURRENT CAP CERTIFICATION - to:

Make a copy of this form and your original Module Certificates and keep in your Coaching Accreditation file!

USAV-CAP
4065 Sinton Rd, Ste 200
Colorado Springs, CO 80907

My Last CAP Certification Date and Level was: _____
Date I am mailing this Application for Recertification: _____
My last USAV Background Screen Cleared Date: _____ BGS Expires on: _____

1. I attended a **FULL/REGULAR CAP Course** and wish to apply for recertification at the following Level:

CAP Level I CAP Level II CAP Level III CAP Level IV
Course Date - _____ Course Site & Code # - _____
Cadre/Instructors - _____

OR

2. I attended the following **APPROVED CAP MODULES** and wish to apply for recertification at the following Level:

CAP Level I - 4 Modules CAP Level II- 5 Modules CAP Level III - 6 Modules CAP Level IV - 8 Modules

Module 1:
Date - _____ Site - _____
Title - _____ Instructor- _____
Documentation Attached? _____ Module Certificate expiration date: _____

Module 2:
Date - _____ Site - _____
Title - _____ Instructor- _____
Documentation Attached? _____ Module Certificate expiration date: _____

Module 3:
Date - _____ Site - _____
Title - _____ Instructor- _____
Documentation Attached? _____ Module Certificate expiration date: _____

Module 4:
Date - _____ Site - _____
Title - _____ Instructor- _____
Documentation Attached? _____ Module Certificate expiration date: _____

(#1-4 above applicable for CAP Level I)

Module 5:
Date - _____ Site - _____
Title - _____ Instructor- _____
Documentation Attached? _____ Module Certificate expiration date: _____

(#1-5 above applicable for CAP Level II)
(#6-8 on back- applicable for CAP Level III and IV)

Module 6:
Date - _____
Title - _____
Documentation Attached? _____

Site - _____
Instructor- _____
Module Certificate expiration date: _____

Module 7:
Date - _____
Title - _____
Documentation Attached? _____

Site - _____
Instructor- _____
Module Certificate expiration date: _____

Module 8:
Date - _____
Title - _____
Documentation Attached? _____

Site - _____
Instructor- _____
Module Certificate expiration date: _____

(#1-8 above applicable for CAP Level III and IV)

COMMENTS OR NOTES:

FOR USAV-CAP OFFICE USE ONLY:

Date Materials received in USAV-CAP Office: _____ By: _____

Date Re-Certification granted: _____ By: _____

New Certification Date to be entered: _____ Entered By: _____

New Expiration Date: _____

New Certificate of Accreditation Mailed Date: _____ By: _____

Emailed Date: _____ By: _____