



Application for Disability Sport Certification

Name: _____
First Last M.I.

Agency: _____ Job title: _____

Address: _____

City: _____ State _____ Zip _____

Email: _____

Phone: _____ Mobile: _____

Select one: Certified Disability Sport Specialist Certified Disability Sport Technician

Complete this form, print it and submit with the following:

- Current resume;
- Verification of degree and post-secondary coursework if relevant (transcript and copy of degree as appropriate with requirements of certification level);
- Verification of continuing education as relevant;
- For CDST, copy of BlazeSports documentation of successful completion of introductory curriculum in disability sport and therapeutic recreation physical activity programming (offered annually);
- Completed/signed verification form of field-based experience with supportive documents;
 - CDSS 400 hours CDST with coursework 240 hours CDST without coursework 240 hours

BlazeSports America Membership:

Current membership number: _____ New membership (\$25 fee)

Fees:

- \$50 application fee: payable to BlazeSports America
- \$25 new membership fee if applicable

Submit application material to:

BlazeSports America, National Disability Sports Certification Program
280 Interstate North Circle, Suite 450 Atlanta, GA 30339
Phone: 770-850-8199 FAX: 770-850-8179