

IHSA Certified Clinic Application

This application must be accompanied by any materials used to promote the clinic. This could include items like flyers/brochures, emails, or web links. The completed application and promotional materials must be turned into the IHSA Office no later than 30 days before the start of the clinic. Requests made less than 30 days may not be approved.

The fields in this form will accept a cursor and can be filled out prior to printing.

Sport	<input type="text"/>	<input type="checkbox"/> Level 1 Clinic	<input type="checkbox"/> Level 2 Clinic	
Contact Name	<input type="text"/>	Contact Email	<input type="text"/>	
Date(s) of Camp/Clinic	<input type="text"/>	ID#	<input type="text"/>	Phone <input type="text"/> Time <input type="text"/>
Location of Clinic	<input type="text"/>		Clinic Cost (Assoc. Member)	<input type="text"/>
Association/Organization Affiliation	<input type="text"/>		Clinic Cost (Non-Member)	<input type="text"/>

Targeted Experience Level Approx. # of Attendees: Level 1 Level 2

IHSA Certified Clinicians/Clinic Staff: (Must be on clinic staff for duration of the clinic)

1.	<input type="text"/>	ID#	<input type="text"/>	5.	<input type="text"/>	ID#	<input type="text"/>
2.	<input type="text"/>	ID#	<input type="text"/>	6.	<input type="text"/>	ID#	<input type="text"/>
3.	<input type="text"/>	ID#	<input type="text"/>	7.	<input type="text"/>	ID#	<input type="text"/>
4.	<input type="text"/>	ID#	<input type="text"/>	8.	<input type="text"/>	ID#	<input type="text"/>

Level 1 Required Topics	Time Allotment (mins):
1. Professionalism	<input type="text"/>
2. Pre-Game Conference (classroom)	<input type="text"/>
3. General Game Mechanics (classroom &/or on-field)	<input type="text"/>
4. Conflict Resolution	<input type="text"/>
5. 2-Person/3-Person (Power Point Presentation)	<input type="text"/>
6. Video Clip Review	<input type="text"/>
7. Conclusion, Attendance, Evaluation	<input type="text"/>
Total Time Allotment for Required Topics:	<input type="text"/>

Level 2 Required Topics	Time Allotment (mins):
1. Conflict Resolution	<input type="text"/>
2. Mechanics	<input type="text"/>
3. Sport Specific Level 2 Power Point	<input type="text"/>
4. Video Clip Review	<input type="text"/>
5. Game/Management (If Basketball - Minimum of three 3-person games worked required)	<input type="text"/>
Total Time Allotment for Required Topics:	<input type="text"/>

Optional Topics	Time Allotment (mins):
1. Fitness Preparation, Testing	<input type="text"/>
2. Assignments	<input type="text"/>
3. On Field/Court Time	<input type="text"/>
4. Preventative Officiating	<input type="text"/>
5. Review State Terms & Conditions	<input type="text"/>
Misc. Items (please specify) <input type="text"/>	<input type="text"/>

Date

Total Time Allotment for Required Topics:

Submitted by (signature): _____

Total Time for Clinic: