

PREPARATION SUMMARY

Must be submitted to SPC's Credential Lead (credentials@sportphysio.ca) upon application to the Written Exam – **due the 3rd Monday of October**

Candidate Name:

Current SPC Credential Level: Candidate Certificate Diploma

LOGGED HOURS:

Sport	Category: (please identify)	Hours
	CCC**	
	CCC / Non-contact / High Risk	
	CCC / Non-contact / High Risk	
	CCC / Non-contact / High Risk	
	CCC / Non-contact / High Risk	
	CCC / Non-contact / High Risk	
TOTAL HOURS:		

**CCC: Contact- Combative- Collision (refer to Sport Stratification Resource for eligible sports)

Full Season Coverage: (Includes pre-season screening and training camps, in-season training and competition, post-season evaluation and programming) **Diploma Candidates only**

Sport (CCC Sport Recommended):

Team:

KEY TAKEAWAYS*:

Please provide a brief overview (250 words or less) of key takeaways that have significantly impacted your learning to date.

By checking this box, I _____ (mentor name) confirm I have reviewed this form and support this application to the Certificate/Diploma (circle one) written exam.

Candidate Signature:

Date:

Mentor Signature:

Date:

*Further details outlined in the Credential Program Handbook