



UNITED STATES JUDO ASSOCIATION

Application for Coach Certification

2059 Merrick Rd. # 313 Merrick, NY 11566

Telephone: (516) 366-3311 • Fax (844) 892-6608

Website: www.usja.net • Email: support@usja.net

Section 1: Information and Instructions

- Candidates must complete Sections 2-3 of this form. Please print clearly.
- Approved course instructor must complete Section 4 for initial certification or recertification.
- Current Background Screening Check is required. www.usja.net/staff/forms/69/document/download
- Completion of USOC SafeSport program is required: www.safesport.org
- Completion of CDC HeadsUp Training Course is required: www.cdc.gov/headsup/youthsports/training/index.html
- Submit certificates of completion for SafeSport and HeadsUp training and proof of current background check with this application.
- Mail this form, a passport size .jpg photo and \$70 to USJA.
- For further information on the USJA Coach Education Program visit the USJA website.
- In order to receive and maintain coach certification USJA annual or sustaining life membership must be in force, along with a current background screen. Coach certification becomes invalid at the time any of these requirements are not met.

Section 2: Applicant Information

Name _____ USJA Membership # _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Primary Phone _____ Email _____

Name of Club _____ USJA Club # _____

Rank _____ Issued by _____ Date of Rank _____

Form of Payment: Check Visa MasterCard Discover Make check payable to USJA

Credit Card Number _____ Expiration Date _____ Coach Badge Requested

Authorized Signature _____ Printed Name _____

Section 3: Coaching History

Name of Club/School/Team	Dates: From – To
_____	_____
_____	_____
_____	_____

Current Coach Certification: Level _____ Organization _____ Expiration Date _____

Section 4: Course Completion and Approval (To be completed by approved course instructor)

Date of Certification Clinic: _____

NOTE: Initial certification at any level and Recertification require attendance at a clinic for the level of certification sought.

Initial Certification Renewal of certification Recertification

This candidate has been approved for certification at level: 1 2 3

Signature of Approved Course Instructor

Printed Name of Course Instructor