NSCA STATE/PROVINCIAL VOLUNTEER APPLICATION

APPLICANT INFORMATION				
State/Province Applying For :				
Position Applying For:	Advisory Board ☐	State Director ☐	Regional Coordinator ☐	
Last Name		First		M.I.
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Which of the following NSCA credentials do you hold?	CSCS*D ☐	CSCS ☐	Years Certified:	
	CPT*D ☐	CPT ☐	Years Certified:	
How long have you been a member of the NSCA?				

CURRENT EMPLOYMENT	
Company	Phone ( )
Job Title	Address

EDUCATION					
Highest Degree	Doctorate ☐	Masters ☐	Bachelors ☐	Associates ☐	Year Graduated:
	Field of Study:				

OTHER CERTIFICATIONS/LICENSURES *Please check other certifications or licenses that you hold*					
USAW ☐ Level ___	ACSM ☐ _____	NASM ☐ _____	SCCC ☐		
ATC ☐ ATC/L ☐	MPT ☐ DPT ☐	RD ☐	Other:		

NSCA INVOLVEMENT		
Please indicate the number of the following NSCA approved conferences or clinics you have attended.		
National Conference: _____	Personal Trainers Conference: _____	Sport Specific Conference: _____
TSAC Conference: _____	Regional Conference: _____	State Clinic: _____
Other:_____ No. _____	Other:_____ No. _____	
Please identify the NSCA activities you have been involved in and identify the years of involvement.		
Special Interest Group: _____	Years:_____	
Regional Coordinator: _____	Years: _____	
State Advisory Board: _____	Years:_____	
State Director:_____	Years:_____	
NSCA Committee:_____	Years:_____	

Other:_____	Years:_____
Please indicate the number of NSCA activities you have hosted or assisted with .	
Regional Conference: Host ☐ Assisted ☐ No. _____	
State Clinic: Host ☐ Assisted ☐ No. _____	NSCA ERP: Sponsor ☐
CSCS Symposium: Host ☐ Assisted ☐ No. _____	CSCA Exam: Host ☐ Assisted ☐ No. _____
CPT Symposium: Host ☐ Assisted ☐ No. _____	CPT Exam: Host ☐ Assisted ☐ No. _____
	Other:

Please identify the general subject matter and the number of presentations or educational articles you have provided for the following:		
NSCA National Conference	*Subject(s):*	No.
NSCA Regional Conference	*Subject(s):*	No.
NSCA State Clinic	*Subject(s):*	No.
Journal of Strength and Conditioning Research (JSCR)	*Subject(s):*	No.
Strength & Conditioning Journal (SCJ)	*Subject(s):*	No.
NSCA Performance Training Journal (PTJ)	*Subject(s):*	No.
TSAC Report	*Subject(s):*	No.
Other: _____	*Subject(s):*	No.
Other: _____	*Subject(s):*	No.

Please identify any other NSCA related activities you have assisted with.

In a brief paragraph, what are at least 3 goals you would have as a coordinator, director or advisory board member?

*** Please submit a resume identifying additional professional work and involvement.

COMMITMENT TO THE NSCA SPD PROGRAM	
I have reviewed the SPD Handbook and understand the roles and responsibilities of the position I am applying for .	
Signature	Date