



International Sports Professionals Association™

Application Form

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Telephone #1: _____ Telephone #2: _____

Fax: _____ Best Method and Time of Contact: _____

Employer: _____

Position: _____ Title: _____

Professional License Number: _____ State: _____ Highest Degree: _____

Referral Code (If applicable): _____

Education:

Professional specialization you would like listed on your Certification Diploma: _____

List of Qualifications/ Professional Accomplishments:

Sports Specialization: _____

Sports Background/Experience: _____

Professional References (Minimum Two):

Reference Name: _____ Telephone #: _____

Relationship: _____ Occupation/Employer: _____

Reference Name: _____ Telephone #: _____

Relationship: _____ Occupation/Employer: _____

Reference Name: _____ Telephone #: _____

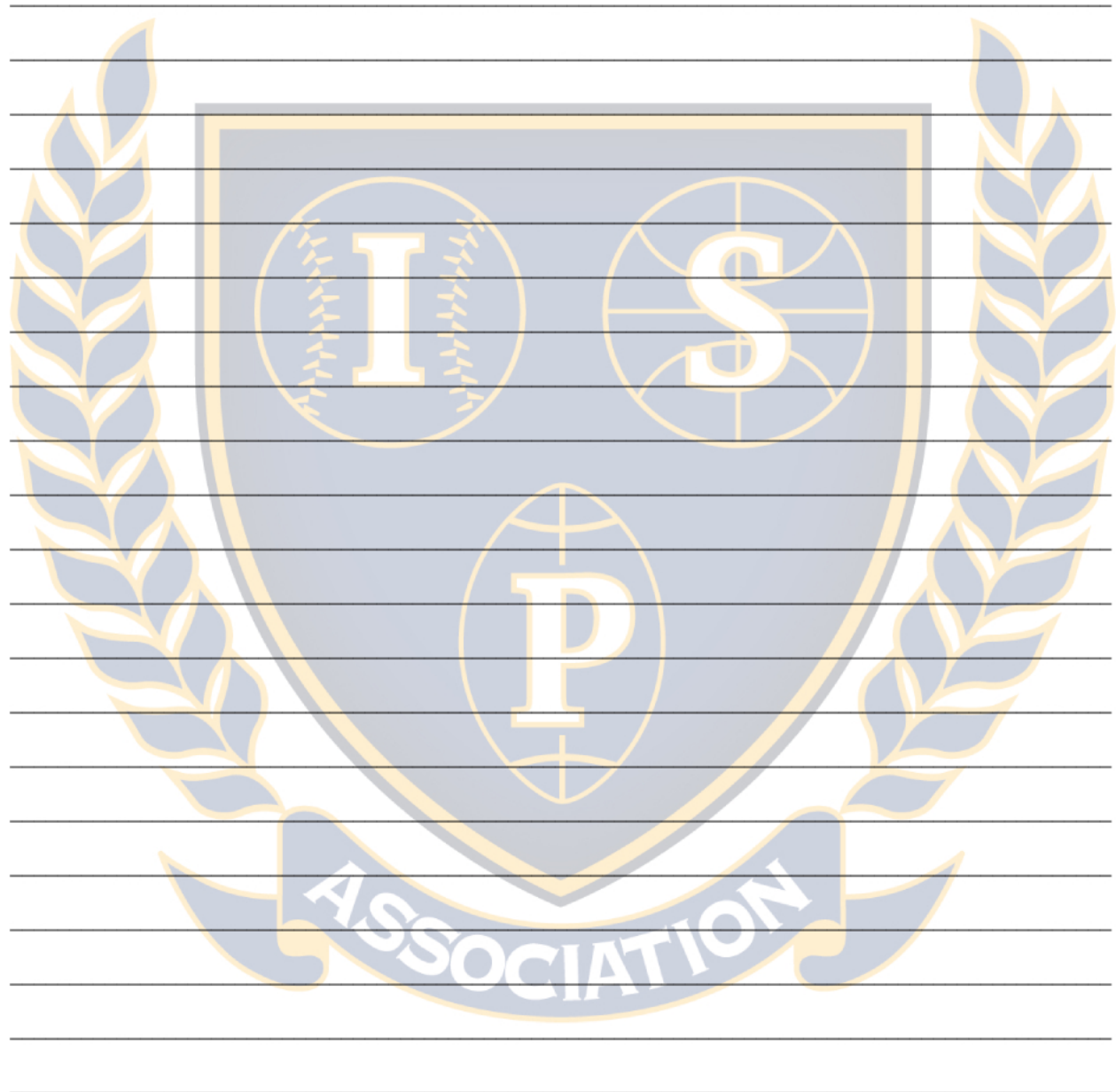
Relationship: _____ Occupation/Employer: _____

(The International Sports Professional Association reserves the right to contact the above references)

Short Essay Questions (Required)

Please answer the following questions. Responses should be a 150 words or less.

1) Hypothetical scenario: As a professional, you work with a high school sports team. During an afternoon practice, you notice unusual bruising on a player whose parents are enthusiastic advocates of school sports and show their support by attending all home games. How would you approach this situation?



Thank you very much for submitting your application to become part of the International Sports Professionals Association (ISPA™), the world's largest and most respected Sports Professional credentialing organization.

Upon receiving this completed form and any additional attachments, the ISPA™ will review your application and make its decision. Once approved, you will receive formal notification of acceptance via mail, including detailed instructions regarding the process of finalizing your ISPA™ Credential.

Application Fee: \$25.00

Credit Card Payment Information:

Credit Card Visa/Master Card/ AMEX: _____ Exp Date: _____

Check/Money Order: Make payable to "ISPA".

Please send completed application and fee (if paying application fee by check or money order) to the ISPA™ using one of the following methods:

Via Mail:

ISPA™ Headquarters; 22 West Washington Street, Suite 1500, Chicago, IL 60602

Via Fax:

Within USA: 312-528-7673; Outside of USA: 00+1+312+917-1010

Via Email:

Email your scanned application to: info@theISPA.org

NOTICE: All information included within this document is strictly confidential and will not be provided to any third party persons or organizations.

Thank you!