



NATIONAL INTERCOLLEGIATE SOCCER OFFICIALS ASSOCIATION LOCAL CLINICIAN / LOCAL ASSESSOR CLINIC SPONSOR APPLICATION FORM

Check (✓)

Yes () NISOA LOCAL CHAPTER CLINICIAN'S CERTIFICATION CLINIC

Yes () NISOA LOCAL CHAPTER ASSESSOR'S CERTIFICATION CLINIC

As a Chapter, we are willing to:

- 1.0 Meet and escort the assigned clinician(s) to and from the site and the Airport, if the clinician travels by air.
- 2.0 Conduct and/or supervise all administrative duties necessary to conduct the clinic.
- 3.0 Provide the necessary Audio-Visual Aids requested by the assigned Clinician(s)
- 4.0 Provide the needed facility to conduct the clinic(s).
- 5.0 Provide at least 6-8 individuals to participate in anyone) the clinics.

NISOA will:

- 1.0 Provide certified NISOA National Clinician (s) or certified NISOA Assessor Instructor(s)
- 2.0 Provide the Manuals for Instruction for each participant.
- 3.0 Certify each participant meeting the requirements of Local Assessor or Local Clinician.

Site: _____

Date(s) Proposed: _____ (One Day only) _____

Approximate Number Attending: _____

Site Administrator: _____

Address: _____
Street City State

Phone: Home _____ Cell _____ Bus: _____

E-mail: _____

Local Chapter _____ NISOA Region _____

[NOTE: At the completion of the Clinic, on a separate sheet, list names and addresses, phone numbers and email addresses of all attendees and send to the Program Director along with a Group Picture (.jpg file)]

Send a copy of this completed Application to title Program Director and the Director of Operations.