



UNITED STATES JUDO ASSOCIATION

Application for Coach Certification

2059 Merrick Road # 313, Merrick NY 11566
Telephone: (516) 366-3311 • Fax (844) 892-6608
website: www.usja.net • e-mail: support@usja.net

Section 1: Information and Instructions

- Candidates must complete Sections 2-3 of this form.
- Approved course instructor must complete Section 4 for initial certification or recertification.
- USJA Annual Membership or Sustaining Life Membership is active and up-to-date.
- Current Background Screening (BGS), SafeSport, and Concussion Training are required.
- Coach certification will be invalid if at any time the above requirements are not maintained.
- Submit certificates of completion for SafeSport, Concussion Training and proof of current BGS with this application.
- Send this form and \$70 to USJA. If a Coaching Badge is needed, include a passport size JPG photo and an additional \$30.
- I will abide by USJA Code of Ethics.
- For further information about the USJA Coach Education Program visit the USJA website.

Section 2: Applicant Information

Name _____ Member # _____ Date _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Primary Phone _____ Email _____

Name of Club _____ USJA Club # _____

Rank _____ Issued by _____ Date of Rank _____ Coaching Badge

Form of Payment: *Check Visa MasterCard Discover Billable Zip Code _____

Credit Card Number _____ Expiration Date _____ CVV _____ *Checks Payable to: USJA

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 Certification Upgrade require attendance at a clinic for the level of certification sought.

Initial Certification	Renewal of Certification	Certification Upgrade
This candidate has been approved for certification at level:	1	2
		3

Signature of Approved Course Instructor Printed Name of Course Instructor Date