



Certified Disability Sport Specialist Renewal Application

Name: First: _____ M.I.: ____ Last: _____

Agency: _____ Job title: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Cell Phone: _____

CDSS # _____

Application Date: _____

Current level of certification: I II

Complete this form, print it and submit with the following:

- _____ \$25 Renewal fee;
- _____ Current resume or curriculum vitae (CV) (*only if changed since certification*);
- _____ Verification of **NEW** degree or post-secondary coursework since initial certification (transcript and copy of degree as appropriate with requirements of certification level);
- _____ Copy of CEUs earned from sources other than BlazeSports America (must be related to disability/adapted sport) since initial certification;
- _____ Copy of CEUs earned from BlazeSports America (webinars, regional trainings, etc) since initial certification;
- _____ Completed/signed verification form of field-based experience (every ten (10) hours of field experience is the equivalent of one (1) CEU);
- _____ CPR/First Aid Certification (**required for Levels II**)

Submit application material to:

BlazeSports America, Certified Disability Sport Specialist Program
 1670 Oakbrook Dr. Suite 331, Norcross, GA 30093
 Phone: 404-270-2000 FAX: 404-270-2039
 Email: certification@blazesports.org