



H & F Advocates Certification Application

Section A: General Information

Athlete Name: _____ Program: _____

Address: _____

City: _____ Zip: _____ email: _____

Mentor Name: _____ Program: _____

Address: _____

City: _____ Zip: _____ email: _____

Section B: ALPs University Practicum Information

Date of Class: _____ Instructor(s): _____ Deadline: _____

Practicum Goals Completed:

My Practicum Goal: _____

Describe how you met this goal:

Describe what you learned about leadership from this practicum:

Describe how you will stay active in your community as a Health Advocate:



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Section C: Mentor Observation

Please have your mentor or county coordinator provide a brief summary about the work you did for your practicum.

Section D: Approval

Must be signed below:

Signature of ALPs Athlete

Date

Signature of Mentor

Date

Signature of ALPs County Coordinator

Date

Signature of ALPs Coordinator

Date

Please submit completed application to:

1. alpsuniversity@gmail.com

OR

2. Special Olympics Indiana
6200 Technology Center Drive, Suite 105
Indianapolis, IN 46278

or

Fax (317) 328-2018