

Health Messenger Certificate Practicum Application



Section A: General Information

Athlete Name: _____ Program: _____

Address: _____

City: _____ Zip: _____ email: _____

Mentor Name: _____ Program: _____

Address: _____

City: _____ Zip: _____ email: _____

Section B: ALU Practicum Information

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

Practicum Goals Completed:

In addition to my goals for the Health & Fitness Practicum, I completed this additional practicum for my Health Messenger Certificate.

1. Health Messenger **Leadership** Goal: _____

Describe how you met this goal:

Describe how this goal fit your completed ALU degree/major:

Describe how you plan to stay engaged and active as Health Messenger in your community:

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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 ALU Athlete	Date	Signature of Mentor	Date
_____	_____	_____	_____
Signature of ALU County Coordinator	Date	Signature of ALU Coordinator	Date

Please submit completed application to:

1. ALU@soindiana.org

OR

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

or

fax (317) 328-2018