



NSCA CPSS Eligibility

Part-Time Applied Experience Form



As part of the CPSS exam application, this form is used to document the minimum 12 weeks (480 hours) of applied sport science related professional experience. This form is **ONLY accepted for applicants taking the graduate-level eligibility route**. Candidates with doctoral degrees in qualifying fields **DO NOT** need to complete this form. See program information for more details.

Dr. Mr. Ms. Mrs. Mx. First Name _____ M.I. _____ Last Name _____

NSCA ID# _____ *If you don't have an NSCA ID#, create a free account at NSCA.com/User-Registration*

Address _____

City _____ State _____ Zip _____ Phone _____

Email Address _____ Date of Birth _____

DIRECTIONS FOR APPLICANT – PLEASE READ AND HAVE THIS SECTION COMPLETED BY YOUR SITE SUPERVISOR / ADVISOR

Qualifying Internships, Fellowships, Graduate Assistantships and Part-Time Employment:

Signed affirmation is required either by a site supervisor or academic advisor (specific to for-credit and on-campus internships) according to the requirements listed throughout this form.

Signed Affirmation Form:

This form includes signed affirmation of a single supervised applied practitioner experience in a sport science related field. Applicants may submit multiple forms to fulfill the minimum time requirements for eligibility.

Qualifying Internship, Fellowship, Graduate Assistantship or Part-Time Work Areas – Check ONE box below based on the title or primary job responsibilities of the internship, fellowship, graduate assistantship, or part-time employment being reported on this form.

- Strength and Conditioning
(Personal training and work with general population DOES NOT qualify)
- Sport/Tactical Athlete Rehabilitation (e.g., Sports Medicine)
- Sport/Tactical Athlete Nutrition
- Performance/Sport-Related Data Analytics
- Performance/Sport-Related Testing/Monitoring/Technology (e.g., Film and Video Analysis)
- Applied Physiology/Biomechanics Laboratory
- Performance Psychology/Mental Skills Coaching

DIRECTIONS FOR SITE SUPERVISOR OR ADVISOR – PLEASE READ BELOW BEFORE SIGNING:

Qualifying applied practitioner experiences MUST BE a formal internship, fellowship, graduate assistantship, for-credit or non-credit hands-on performance laboratory work experience, formal documented volunteer experience, or part-time employed practitioner experience.

Qualifying applied practitioner experiences require the CPSS applicant to be involved with ALL of the following processes:

- Daily hands-on work and interaction with team, individual sport, and/or tactical athletes
- Conducting regular athlete performance testing/monitoring
- Data collection, processing, analysis, and reporting
- Use and direct application of performance technology

Supervisors/advisors must be CPSS certified, or appropriately certified/licensed in their field (e.g., CSCS, ATC, PT, RD, CMPC). The NSCA recognizes NCCA accredited credentials and international equivalent accreditations and licenses.

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By signing below, I verify my direct oversight over the CPSS applicant (list name) _____,
in completing approved applied practitioner experience at (list team/institution) _____, **AND** that the
actual experience of the CPSS Candidate listed above meets the above listed requirements.

List the CPSS Applicant's official job/position title: _____

Unless specifically noted, my signed affirmation documents that the above-listed field experience meets the full 12-Week (480-hour) requirement to be eligible for the CPSS exam. The 12-Week (480-hour) total may reflect the comprehensive work performed including working with athletes, daily staff meetings, staff project collaborations, preparation, planning and set-up, staff in-services/workshops/training, and data analysis/reporting.

If the CPSS Applicant's experience did not fulfill the full 12-Week (480-hour) requirement, how many weeks / hours of applied practitioner experience did the candidate complete at your site (list total weeks / hours or write n/a)? _____

Supervisor / Advisor Name _____ Credentials _____

Job Title _____

Email _____ Phone _____

Signature _____ Date _____