



# NSCA CPSS Eligibility

## Full-Time Applied Experience Form



As part of the CPSS exam application, this form is used to report full-time work experience. Carefully fill out the following information to document and affirm a minimum of three years of full-time experience in a related sport science professional role. This form is required for all applicants taking the bachelor's level eligibility route. 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 HR DEPT OR SUPERVISOR

#### Qualifying Full-Time Experience or Self-Employed Experience:

Either HR or supervisor affirmation are required, in accordance with the standards and requirements listed. A description of duties performed must also be provided.

For self-employed applicants, additional references are required for verification.

#### Signed Affirmation Form:

This form covers an affirmation for a single full-time working role in a sport science related field. Applicants may submit multiple forms to fulfill the minimum time requirements for eligibility.

**Qualifying Full-Time or Self-Employed Work Areas - Check ONE box below based on the title or primary job responsibilities of the role 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 SUPERVISOR, MANAGER, OR HR REPRESENTATIVE – PLEASE READ BELOW BEFORE SIGNING

Qualifying full-time experience **REQUIRES** being actively involved in a formal sport science related professional role on a comprehensive full-time basis beyond the internship level. Qualifying full-time professional roles include work with sport or tactical athletes, sports teams, and in applicable research, analytics, and technology related disciplines.

**\*\*\* For further clarity, qualifying full-time experiences are also defined as requiring a normal workload of 40 hours per week during preparatory, training, research, and/or developmental periods, making up the majority of the calendar year – a minimum of 1,560 hours annually. This minimum represents 40 hours per week for 10-month (39-week) academic/seasonal-type full-time positions, and over 30 hours per week for 12-month (52-week) full-time positions.**

Qualifying full-time 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

CPSS Applicants must document full-time experience in **ONE** of the following ways:

- **HUMAN RESOURCES DOCUMENTATION:** Official HR documentation, letter, or signed job description confirming length and nature of full-time employment in a sport science related position (as defined above). Contact information is required.
- **MANAGER/SUPERVISOR AFFIRMATION:** Supervisors and managers may sign the affirmation statement on this form to verify full-time employment of their employee in a sport science related position. A brief description of the nature of full-time work performed and contact information are required.
- **SELF-EMPLOYMENT AFFIRMATION:** For self-employed CPSS applicants, this affirmation form must be self-completed and submitted with three additional relevant references from clients (18+), client parents, or representatives from contracted teams/sport organizations who can verify the nature of the work performed. Contact information is required.

**SIGNED AFFIRMATION BY HUMAN RESOURCES REPRESENTATIVE (ALSO ATTACH ACCOMPANIED DOCUMENTATION)**

By signing below, I verify that employee (name) \_\_\_\_\_ has been employed or contracted in a sport science related role (defined above) on a full-time basis for three years according to the standards set forth by your company. If the employee has been employed for less than three years in a full-time capacity, list the total full-time months employed: \_\_\_\_\_

HR Representative \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SIGNED AFFIRMATION BY MANAGER, DIRECT SUPERVISOR, OR SELF- EMPLOYED**

By signing below, I verify my direct oversight over the CPSS Candidate (list name) \_\_\_\_\_,

as a full-time employee for the following team/institution (list company) \_\_\_\_\_,

The CPSS applicant's official title (list title) is \_\_\_\_\_.

Additionally, I verify that the CPSS candidate has been employed or contracted in a sport science related role (defined above) on a full-time basis for three (3) years according to the requirements listed above. If the employee has been employed for less than three years in a full-time capacity, list the total full-time months employed: \_\_\_\_\_

**» Add brief description of the nature of work performed by the CPSS Candidate (a signed job description may be attached):**

**»  Check this box if you are completing this form as SELF-EMPLOYED. (Self-Employed Note: References Section Required)**

Supervisor / Manager Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THREE REQUIRED REFERENCES/CONTACT INFORMATION (ONLY REQUIRED FOR SELF-EMPLOYED)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Signature \_\_\_\_\_