



## USSCF EVENT CREDENTIALING APPLICATION

The following application is to be used by the USSCF for the selection process for events of the federation. All information is confidential. It is understood that this application is for information only and does not in any way guarantee the applicant a position at a certain event. It is also understood that this information is a guide for the Federation for its selection process but may not be limited to its outcomes. The intent of the USSCF is to select the most qualified and available personal for their contingency but realizes that certain constraints will be imposed by some events and certain criteria will have to be met for some events. For International competitions, it is logical that an International contingency should be selected if possible.

### PERSONAL DATA:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### POSTGRADUATE CREDENTIALS:

\_\_\_\_\_ DACBSP

\_\_\_\_\_ FCCSS (C)

\_\_\_\_\_ CCSS (C)

\_\_\_\_\_ MASTERS OF SPORTS SCIENCE

\_\_\_\_\_ CCSP

\_\_\_\_\_ ICSSD

\_\_\_\_\_ MD, DO, PhD, OTHER CHIROPRACTIC DIPLOMAT

\_\_\_\_\_ PT

\_\_\_\_\_ EMT, ATC, PERSONAL TRAINER, CMT

\_\_\_\_\_ OTHER SPORTS SPECIFIC CERTIFICATIONS OR DEGREES:  
\_\_\_\_\_

2. TEAM DOCTOR AT ATHLETIC EVENTS: PLEASE LIST THE NAME AND THE LOCATION OF EACH EVENT YOU HAVE SERVED AS A TEAM DOCTOR:

INTERNATIONAL CREDENTIAL WITH POLYCLINIC, NATIONAL TEAM OR FEDERATION: \_\_\_\_\_

NATIONAL: \_\_\_\_\_

REGIONAL: \_\_\_\_\_

3. SERVED AS TEAM CHIROPRACTOR FOR AN ORGANIZED TEAM FOR THREE YEARS. (MINIMUM OF HIGH SCHOOL INVOLVEMENT). PLEASE LIST THE TEAM AND PRIMARY CONTACT PERSON: \_\_\_\_\_

4. SERVED AS A SPORTS CHIROPRACTOR AT AN ATHLETIC TRAINING CENTER:

\_\_\_\_\_ USOTC

\_\_\_\_\_ OTHER TRAINING SITES PLEASE LIST: \_\_\_\_\_

5. LIST TOTAL YEARS IN ACTIVE PRACTICE : \_\_\_\_\_

6. OFFICES HELD IN A SPORTS CHIROPRACTIC ORGANIZATION:  
INTERNATIONAL SPORTS CHIROPRACTIC ORGANIZATION:

Organization and Position held: \_\_\_\_\_

NATIONAL SPORTS CHIROPRACTIC ORGANIZATION:

Organization and Position held: \_\_\_\_\_

REGIONAL OR STATE:

Organization and Position held: \_\_\_\_\_

7. ATTENDANCE AT A SPORTS SYMPOSIUM

INTERNATIONAL:

Name, Date and Location of Symposium: \_\_\_\_\_

NATIONAL

Name, Date and Location of Symposium: \_\_\_\_\_

8. PERSONAL EXPERIENCE AT COLLEGE LEVEL OR HIGHER AS AN ATHLETE:  
LIST THE SPORT AND TEAM: \_\_\_\_\_

9. EVIDENCE OF SCHOLARLY PRODUCTIVITY IN LITERATURE RELATING  
DIRECTLY TO SPORTS.

Author of Book: List Title and Publisher: \_\_\_\_\_

Chapter in a Book: List Title and Publisher: \_\_\_\_\_

Title of Article and Name of Journal Published: \_\_\_\_\_

10. FLUENT IN A FOREIGN LANGUAGE: List \_\_\_\_\_

11. ACTIVE MEMBER IN SPORTS ORGANIZATION:

International and National Sports Council: List: \_\_\_\_\_

State Sports Chiropractic Organization: List: \_\_\_\_\_

Other Sports Organization: List: \_\_\_\_\_

12. NUMBER IN THE ORDER OF MOST EXPERIENCE THE FOLLOWING SPORTS  
YOU HAVE DIRECTLY BEEN INVOLVED AS A SPORTS CHIROPRACTOR:

ATHLETICS  BASKETBALL  BOXING

CYCLING  SOCCER  HANDBALL

WEIGHTLIFTING  JUDO  WRESTLING

SWIMMING  TABLE TENNIS  TAEKWONDO

ROWING  BADMINTON  BASEBALL

CANOEING  EQUESTRIAN  FENCING

GYMNASTICS  FIELD HOCKEY  YACHTING

PENTATHLON  SOFTBALL  TENNIS

SHOOTING  ARCHERY  VOLLEYBALL

OTHER \_\_\_\_\_

13. NUMBER IN THE ORDER OF THE MOST INTEREST THE FOLLOWING EVENTS YOU WOULD LIKE TO PARTICIPATE BUT YOU HAVE NO EXPERIENCE:

ATHLETICS  BASKETBALL  BOXING

CYCLING  SOCCER  HANDBALL

FIELD HOCKEY  JUDO  WRESTLING

SWIMMING  TABLE TENNIS  TAEKWONDO

ROWING  BADMINTON  BASEBALL

CANOEING  EQUESTRIAN  FENCING

GYMNASTICS  WEIGHTLIFTING  YACHTING

PENTATHLON  SOFTBALL  TENNIS

SHOOTING  ARCHERY  VOLLEYBALL

OTHER: \_\_\_\_\_

I certify that the above stated information is accurate and verifiable.

Signed: \_\_\_\_\_

Send to the: United States Sports Chiropractic Federation  
Dr. Monty Wilburn, Secretary General  
1015 S. Lemay  
Fort Collins, Colorado 80524

Email: [Docmonty@frii.com](mailto:Docmonty@frii.com)  
: [P944T@Juno.com](mailto:P944T@Juno.com)