



## CROSSFIT COACHING EXPERIENCE – 375 HOURS

Each verifying individual or employment location needs a separate form. Download this form and fill it out completely, including original signatures. Ensure all contact information for the verifying individual is complete. The CrossFit Certification Department may contact this individual to confirm the information below. Upload completed forms to your application.

### Applicant Information

Name \_\_\_\_\_ CFID Email Address \_\_\_\_\_

Location of Coaching Hours \_\_\_\_\_

### Verifying Individual Information

Enter the verifying individual's contact information and description below. Acceptable verifying professionals include affiliate owners for trainers of CrossFit affiliates. For applicants who are affiliate owners, a signature witness is required in lieu of a verifying professional. Acceptable witnesses include employed trainers, business partners or clients. Affiliate ownership will be verified by CrossFit. The individual listed needs to be able to attest that the applicant completed the coaching hours listed on this form. **Applicants can not be their own Verifying Individual.**

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Employment Location \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Coaching Activities and Corresponding Hours

Hours must be accrued with a current Level 1 or Level 2 certificate and must have been accumulated within the last five years. The total must be listed as a whole number, not a number range.

	Activity Name	Start Date	End Date	Hours
1				
2				
3				
4				
5				

Total Hours \_\_\_\_\_

### Applicant Statement and Signature

I, \_\_\_\_\_, hereby attest under penalty of perjury that the above information is true to the best of my knowledge and I have completed the number of coaching hours documented above. I understand that if I knowingly falsify any information I can have my application rejected and/or have my credential revoked.

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

### Verifying Individual Statement and Signature

I, \_\_\_\_\_, hereby attest under penalty of perjury that the above information is true to the best of my knowledge and the candidate has completed the number of coaching hours documented above. I understand that if I knowingly falsify any information this application can be rejected and/or the candidate's credential can be revoked.

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