



Special Olympics
Healthy Young Athletes



Special Olympics



HEALTHY YOUNG ATHLETES CLINICAL DIRECTOR APPLICATION QUESTIONNAIRE

Dear Healthy Young Athletes Clinical Director Candidate,

Thank you for expressing interest in becoming a clinical director for Special Olympics Healthy Young Athletes®. As a clinical director, you will join other volunteer health professionals in supporting the Special Olympics Healthy Athletes® program. A clinical director must be licensed according to the standards of the state/province/region in which they serve. Your application will be reviewed by the local Special Olympics Program, Regional Health team, and Special Olympics International (SOI). Once approved by SOI, you will participate in a blended learning experience to complete your training and become a clinical director.

For more information about Special Olympics Healthy Athletes® and Healthy Young Athletes, visit:
<https://resources.specialolympics.org/health/healthy-young-athletes>

Name: _____ Professional Title/Degree: _____

License Number: _____ State/Province/Country of License: _____

Expiration date of most recent licensure (or renewal): _____

If a license number is not applicable in your country, please describe:

**If a clinical license is not applicable, include any certifications to support your qualifications in your attached CV/resume.*

Does your license/certification allow you to practice independently (without direct supervision)? Yes No

Have you ever volunteered at a Healthy Young Athletes event? Yes No

If yes, please describe: _____

Do you have experience providing developmental screenings to people with intellectual and developmental disabilities (IDD)? Yes No

If yes, please describe: _____

Age demographic of patients cared for (select all that apply): Pediatric Adolescent Adult Geriatric

Practical and clinical skills you currently have experience providing (select all that apply):

- Providing clinical care to children 2-7 years old in a healthcare setting
- Measuring basic health indicators (such as heart rate, blood pressure, height, and weight)
- Evaluating whether a child's development is on track for their age
- Identifying and recommending appropriate support services or referrals

List any memberships or affiliations with professional organizations:

Do you have flexibility in your schedule to support Healthy Young Athletes events to fit your local Special Olympics Program's needs with the expectation of at least one event per year? Yes No

Are you able to travel within your local Special Olympics Programs' service area to support Healthy Young Athletes events? Yes No

In your role as clinical director, how would you contribute to the Healthy Young Athletes program and support its continued success while working within the existing program model? *(please select all that apply)*

- Professional network relations
- Connections to local equipment and supply resources
- Supporting recruiting and training efforts in alignment with Healthy Young Athletes protocols
- Facilitating access to follow-up services and care for athletes
- Other: _____

Please share details of these contributions with your Special Olympics Program staff.

Please check the boxes below to confirm you have read, understand, and agree to the Healthy Young Athletes Clinical Director requirements:

The Healthy Young Athletes program and role of clinical director have been explained to me. See description [here](#). Yes No

I hold an active license in the state/province/country where I will serve as a clinical director for Healthy Young Athletes events. Yes No

I understand that this role requires active licensure and will alert my SO Program if my license becomes inactive. Yes No

I agree to follow the most up-to-date Healthy Young Athletes event and screening protocols as determined by Special Olympics International. Yes No

I will ensure compliance with any/all partnership agreements between Special Olympics and external partners. Yes No

I commit to actively serving as a Healthy Young Athletes clinical director for a minimum 3-year volunteer term. Yes No

I commit to utilizing tablets to digitize Healthy Young Athletes screening data in the Healthy Athletes System (HAS). If tablets are unavailable at a screening event, I commit to ensuring that paper HAS forms are thoroughly and accurately completed to support post-event data collection. Yes No

I commit to supporting program sustainability by recruiting clinical volunteers and providing mentorship to future clinical director trainees as assigned. Yes No

Please **ATTACH** your updated professional CV/resume in English in PDF format. Be sure it contains the following:

- Information about your **educational background**
- **Licenses and/or credentials** you hold for your clinical profession

An outline of your **professional work experience**
