

Fullerton College

Physical Education Certificate Program Application



Date of Application _____ Term Completed _____ Banner ID @ _____

Name _____
(Please **print your name** the way you want it to appear on the certificate)

Address _____ City _____ State _____ Zip _____

Cell _____ E-Mail Address _____

Check certificate(s) that apply:

- | | |
|---|--|
| <input type="checkbox"/> Aquatic Specialist | <input type="checkbox"/> Personal Trainer |
| <input type="checkbox"/> Athletic Coach | <input type="checkbox"/> Pilates Certificate |
| <input type="checkbox"/> Dance Teaching Certificate | <input type="checkbox"/> Yoga Teacher Skills |

- Make an appointment with the **Program Coordinator**.
- Program Coordinator will require a copy of your Unofficial transcripts.
- Proof of current CPR card, if applicable.
- **Program Coordinator** for **Personal Trainer** is Sean Sheil, SSheil@fullcoll.edu, 714.992.7493
- **Program Coordinator** for **Aquatic Specialist and Athletic Coach Certificate** is Greg Aviles, GAviles@fullcoll.edu, 714.992.7481.
- **Program Coordinator** for **Pilates Certificate** is Stephanie Locke, SLocke@fullcoll.edu, 714.992.7045.
- **Program Coordinator** for **Yoga Teacher Skills Certificate** is April Matulich, AMatulich@fullcoll.edu, 714.992.7045.
- **Program Coordinator** for **Dance Teaching Certificate** is Melanie Rosa, MRosa@fullcoll.edu, 714.992.7485.

Once reviewed and approved by the program coordinator, this form will be submitted to the PE division office for processing. After the President has approved and signed the certificate, your certificate will be mailed to the address provided on this application form.

Allow Four (4) to Six (6) weeks for the processing of your certificate.

Certificate/Program Coordinator

Date