



**INTERNATIONAL  
SWIM COACHES  
ASSOCIATION**

**ISCA CONTINUING EDUCATION FORM**

Coach Name: \_\_\_\_\_

Team: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Postal Address:

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Postal Code \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

<i>ISCA Office Use Only:</i>
Member Number: _____
Member Since: _____
Member Expiration: _____
Current ICE Units: _____
New ICE Total: _____
ISCA Core Completion: _____

I would like to update my certification file with the following information:

CONTINUING EDUCATION COURSES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLINIC ATTENDANCE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACADEMIC DEGREES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p>Course Completion Documents Attached? <i>Yes / No</i></p> <p>Certificate of Attendance Attached?: <i>Yes / No</i></p> <p>Copy of Transcript or Diploma Attached? <i>Yes / No</i></p>
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ADDITIONAL NOTES:

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I \_\_\_\_\_ (*Printed Coach Name*) submit this information for review, and testify that this information is true and valid.

Coach Signature \_\_\_\_\_

Date: \_\_\_\_\_

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Please remember that ISCA Certification data is only valid so long as you are an active ISCA Member. For questions, please email ISCA Certification at [certification@swimisca.org](mailto:certification@swimisca.org).

If applying for an ISCA star, please make sure your **verification form** is returned with all supporting documents to [certification@swimisca.org](mailto:certification@swimisca.org), or mailed directly to:

ISCA Certification  
2721 Brambleton Ave  
Roanoke, VA 24015