

## State and Provincial Director Program Handbook

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### Welcome

Thank you for your interest and involvement in NSCA's State and Provincial Director (SPD) Program. Started as part of a grassroots effort of the NSCA, the SPD Program plays a critical role in helping members connect with one another, facilitating educational opportunities at a local level, and providing leadership and visibility to the NSCA across North America.

The purpose of this handbook is to establish the role, scope, duties and expectations of those who volunteer with the Program. Beyond this handbook, please also refer to NSCA's Volunteer Handbook for additional expectations and guidance. As a volunteer leader for the NSCA, you are required to read, understand and acknowledge the policies and procedures found in the NSCA Volunteer Handbook; please visit NSCA.com/volunteer to access a copy or download <a href="https://example.com/volunteer">here</a>.

### Purpose of the SPD Program

The NSCA SPD Program plays a key role in helping members and potential members make connections. They help connect members of the NSCA through clinics, volunteerism, and as mentors. SPDs help professionals from every aspect of the strength and conditioning field connect with each other — coaches, personal trainers, researchers, etc. State/Provincial Directors (SPDs) provide goals and direction to their Advisory Boards (ABs) and report to their Regional Coordinators (RCs). SPDs are part of NSCA's volunteer network, sharing successes and opportunities with other SPDs and the staff of the NSCA.

### Roles and Structure of the SPD Program

As the NSCA's largest volunteer program, the SPD Program is structured to facilitate the best combination of 1) leadership and events that meet local needs and 2) consistency and support from NSCA's national headquarters. As an organization with worldwide reach and nearly four decades of experience serving strength and conditioning professionals, the NSCA thrives in large part because of its local relevance.

### **Key Roles**

NSCA Board of Directors (Board) – The <u>Board</u> provides overall vision for the Association and establishes governance for the SPD Program.

NSCA Board Liaison – The Board assigns one active Board member as a liaison to the SPD program, representing needs and priorities of SPDs to the Board.

NSCA Membership Director – The Membership Director is the staff liaison for representing the needs of the SPD Program across NSCA HQ. The SPD Program budget is also managed by the Membership Director.

NSCA SPD Program Coordinator – The SPD Program Coordinator is the key administrative contact at NSCA HQ and coordinates state/provincial/regional event information, reimbursements, and other activities as noted in the handbook.

NSCA Regional Coordinator (RC) — One RC presides over each of NSCA's 9 regions, and the 9 RCs make up the SPD Committee. Each RC has a Regional Advisory Board which is comprised of the SPDs in that region. The regions are illustrated in the map below:



SPD Committee (Regional Coordinators) – The SPD Committee is comprised of the RCs and exists within the structure of other NSCA committees.

SPDs – State and Provincial Directors are volunteer leaders who represent the Association in their prospective states and provinces, promoting the goals and objectives of the NSCA and providing continuing education opportunities at a local level.

ABs – Advisory Boards are established by each SPD to provide support at events, other state and provincial-level activities and to support social media efforts.

### Structure of the SPD Program

Terms of Service and Application Process for SPDs, RCs and AB Members and Rotation Schedule Terms of Service

Volunteers in the SPD Program serve one (1) 3-year term as a State/Provincial Director, RC or AB Member with the opportunity to be appointed for up to 2 terms (for a total of 6 years of service). If a volunteer is appointed to fill a vacancy that is a partial term, they may serve up to 2 terms beyond the partial-term appointment. Volunteers may also pursue future appointments in other SPD Program positions.

### **Application Process**

- Interested NSCA members complete an NSCA Community Volunteer application and submit it to the SPD Program Coordinator along with an updated resume.
- The SPD Program Coordinator distributes the application to the relevant RC and AB for review and approval.
  - The RC at his/her discretion, may consult with other RCs for determination of SPD appointment.
- Approval or rejection of the application is communicated from the relevant committee to the SPD Program Coordinator within 2 weeks of receiving the application.
- The SPD Program Coordinator notifies the applicant of the committee's decision.

### **Rotation Schedule**

In order to reduce the likelihood that any one region will rotate off too many SPDs at one time, the following rotation schedule is suggested:

### **SPD and RC Appointment Rotation**

### Regions

| Year 1 |      | Year 2 | Year 3 |  |  |
|--------|------|--------|--------|--|--|
|        | 2018 | 2019   | 2020   |  |  |
|        | MA   | GL     | SW     |  |  |
|        | NC   | NW     | MW     |  |  |
|        | NE   | SE     | RM     |  |  |

| Year 4 | Year 5 | Year 6 |
|--------|--------|--------|
| 2021   | 2022   | 2023   |
| MA     | GL     | SW     |
| NC     | NW     | MW     |
| NE     | SE     | RM     |

### State/Prov.

| AB                                    | MA | OK    |
|---------------------------------------|----|-------|
| ВС                                    | МВ | ON    |
| AL                                    | MD | OR    |
| AK                                    | ME | PA    |
| AR                                    | MI | PR    |
| AZ                                    | MN | QC    |
| CA (N)                                | МО | RI    |
| CA (S)                                | MS | SC    |
| CO                                    | MT | SD    |
| СТ                                    | NB | SK    |
| DE                                    | NC | TN    |
| FL                                    | ND | TX    |
| GA                                    | NE | UT    |
| HI                                    | NF | VA/DC |
| IA                                    | NH | VI    |
| ID                                    | NJ | VT    |
| IL                                    | NM | WA    |
| IN                                    | NS | WI    |
| KS                                    | NV | WV    |
| KY                                    | NY | WY    |
| LA                                    | ОН |       |
| · · · · · · · · · · · · · · · · · · · |    |       |

| AB     | MA | OK    |
|--------|----|-------|
| ВС     | MB | ON    |
| AL     | MD | OR    |
| AK     | ME | PA    |
| AR     | MI | PR    |
| AZ     | MN | QC    |
| CA (N) | MO | RI    |
| CA (S) | MS | SC    |
| СО     | MT | SD    |
| СТ     | NB | SK    |
| DE     | NC | TN    |
| FL     | ND | TX    |
| GA     | NE | UT    |
| Ħ      | NF | VA/DC |
| IA     | NH | VI    |
| ID     | NJ | VT    |
| L      | NM | WA    |
| IN     | NS | WI    |
| KS     | NV | WV    |
| KY     | NY | WY    |
| LA     | ОН |       |

### SPD Expectations and Benefits

As key volunteer leaders at the state and regional level, SPDs are expected to perform the following functions:

- Maintain current NSCA Professional Membership and Certification.
- Establish and lead a state/provincial AB and host consistent meetings with AB.
- Conduct at least 1 clinic/conference annually in coordination with the regional event plan.
- Participate in quarterly meetings/conference calls at the regional level.
- Submit an annual report to deliver to RC.
- Build local awareness for NSCA's membership and certification opportunities.
- Represent the NSCA at Association as well as non-NSCA events.
- Attend the NSCA National Conference and participate in the SPD Assembly and other events as requested.
- Contribute to NSCA regional social media on a monthly basis through providing local member highlights, event updates and recaps, and other news of local interest.

For completing the above functions, the following SPD benefits are available:

- NSCA certificate of appreciation
- Eligibility for SPD of the Year Award
- Complimentary National Conference registration and awards banquet ticket
- \$350 reimbursement toward airfare and/or hotel at National Conference
- (Partial year SPDs may be awarded 50% discount on National Conference registration plus \$175 toward flight/hotel.)
- .5 CEUs per year credit for volunteer work

### SPD Committee (RC) Structure, Expectations and Benefits

#### SPD Committee Structure

The SPD Committee includes all RCs. The SPD Committee elects three positions which are approved by the Board. The positions and their respective duties are listed below:

### SPD Committee Chair

- Responsible to chair all SPD Committee meetings as well as the annual SPD Assembly at National Conference.
- Represents the SPD Committee to the Board and NSCA Headquarters staff.
- Assists NSCA's Membership Director in the filling of vacant RC positions.
- Presents reports to NSCA's Membership Director for inclusion in the annual report to the Board.
- Leads the SPD Committee activities and initiatives.

#### SPD Committee Vice Chair

- Assists the SPD Committee Chair in filling his/her duties and carries out SPD Committee
   Chair duties in his/her absence.
- Calls the SPD Assembly to order in the absence of an SPD Chair and, as a first order of business, elects a new Chair.

### SPD Committee Secretary

- Prepares and distributes the agenda and records/distributes the minutes for the annual SPD Assembly.
- Prepares and distributes the agenda and records/distributes the minutes for SPD Committee meetings.
- In absence of the Chair and Vice Chair, calls the SPD Assembly to order and, as a first order of business, elects a new Chair.

#### **RC** Expectations

RCs have additional duties and expectations and form the SPD Committee. These expectations include:

- Maintain current NSCA Professional Membership and Certification.
- Form and utilize a Regional Advisory Board, which is comprised of the SPDs of that region, and host regular AB meetings.
- Conduct one regional conference each year in coordination with overall regional/state/provincial event schedule.
- Participate in ongoing live and online RC meetings with NSCA Membership Director and SPD Program Coordinator.
- Submit an annual report.
- Provide oversight of SPD leadership, communication and events in that region.
- Conduct training and support for current and newly-appointed SPDs per region.
- Support and participate in clinics hosted in his/her region.
- Build local awareness for NSCA's membership and certification opportunities.
- Represent the NSCA at Association as well as non-NSCA events.
- Attend the NSCA National Conference and participate in the SPD Assembly/RC meeting and other events as requested.
- In coordination with other RCs and NSCA HQ, develop an annual NSCA clinic/conference schedule that includes expected dates and locations.
- Oversee and direct the region's Facebook group, obtaining participation and content from the region's SPDs and AB members.

### **RC** Benefits

For completing the above functions, the following RC benefits are available:

- NSCA certificate of appreciation
- Complimentary National Conference registration and awards banquet ticket

- \$350 reimbursement toward airfare and/or hotel at National Conference (Partial year RCs may be awarded 50% discount on National Conference registration plus \$175 toward flight/hotel.)
- Professional Go Green NSCA Membership
- .5 CEUs per year credit for volunteer work

### Role and Structure of the Regional Advisory Boards and SPD

Each Regional Advisory Board is comprised of the SPDs in that region. The role of the Regional Advisory Boards includes:

- Providing assistance to the regional coordinator in developing and executing regional conferences.
- Supporting each region's Facebook Group with state/province-level content, member highlights, and other local opportunities.
- Participating in scheduled online meetings and conference calls organized by the RC.
- Participating in regional outreach efforts through visiting local ERP schools, key contacts, etc.

### Role and Structure of the State/Provincial Advisory Board (AB)

#### Role

Each SPD is charged to establish an AB for the purpose of providing a "checks-and-balances" system within the SPD program as well as to expose potential and future SPDs to the duties within the SPD program. In addition, the AB allows for members of different professional backgrounds to advise the SPD on strategies to increase participation.

### Structure

The size of an AB should correspond with the total population of the area and have no less than 4, but no more than 8 members. There should be an even number of AB members, and no more than 2 AB members may be from the same institution. The AB member makeup should reflect the diversity of members within the state/province, including strength coaches, personal trainers, educators/researchers, athletic trainers, and other strength and conditioning specialists. The purpose of this diversity is to encourage outreach and events at the local level that are most relevant to the groups in that state/province.

### **Example AB Roles**

Below are suggested roles that can be assigned to individual AB members:

- SPD Assistant this is for the AB who is slated to take over the SPD after his/her term is completed.
- Clinic Liaison this AB member assists the SPD in clinic site visits, media relations, event logistics, marketing and volunteer management.
- Speaker/Host Liaison this AB member helps the SPD in speaker management before and during the clinic/conference.
- Strength Coach Liaison this AB member assists the SPD in reaching out to strength and conditioning coaches to build awareness about the NSCA within the coaching community.

- Personal Trainer Liaison this AB member assists the SPD in reaching out to local clubs and other institutions to build awareness about the NSCA within the personal trainer community.
- Education Liaison this AB member assists the SPD in promoting NSCA activities to local educational institutions.

### **AB Member Expectations**

- Must be current NSCA members.
- Must serve a 3-year term and is eligible for one additional 3-year term (for a total service of 6 years).
- Attends their state/provincial clinic each year.
- Participates in scheduled calls/meetings with SPD.
- Fulfills duties/expectations as directed by SPD.

### **AB Member Benefits**

- NSCA Certificate of Appreciation
- Complimentary state clinic or regional conference registration (1 event per year)
- .5 CEUs per year credit for volunteer work

### Former SPD/RC/AB Leadership

Former volunteer leaders within the SPD program can be consulted for advice and counsel. It is advised that former leaders be counseled in coordination within existing leadership structures of the SPD Program (e.g.: AB leadership, RC leadership). To receive contact information of former leaders, connect with the NSCA SPD Program Coordinator.

### General Guidelines

### Key annual dates and deadlines

- Provides one annual written report to the SPD Program Coordinator containing regional/state/provincial activities and achievements (due 4/15 each year). This pertains to RCs and SPDs only.
- NSCA's National Conference is generally held the week after the July 4<sup>th</sup> holiday.
- NSCA's fiscal year runs April 1 March 31 each year.

### Reimbursement Considerations and Policies

#### Considerations

- NSCA is a 501c3 nonprofit organization and is subject to auditing and oversight of its
  reimbursements of expenses. As such, the Association takes a conservative approach to the
  allocation of funds toward flights, travel costs, hotels, meals etc. in order to provide the greatest
  benefits to all Association members and the public.
- SPDs, RCs and ABs are volunteers with the NSCA and are not paid staff of the Association. While
  we recognize that some NSCA volunteers spend considerable amounts of time in their volunteer
  duties, these activities are performed voluntarily and without the expectation of compensation.

 NSCA is in the business of promoting strength and conditioning and healthy lifestyles; therefore, the NSCA is careful not to reimburse excessive alcohol-related expenses.

### **Policies**

- Ground transportation
  - Mileage to/from an approved event or meeting will be reimbursed at the current government mileage rate. This includes SPDs or ABs using their personal cars for shuttling speakers to/from events.
  - o Taxis, rental cars and shuttles will not be reimbursed.

#### Meals

- At clinic/conference speaker dinners, RCs, SPDs, ABs and speakers' meals will be reimbursed. Other guests are not reimbursed, and NSCA strongly encourages the use of restaurants at the "\$\$" level and below. Alcohol-related expenses will be reimbursed within reason; please keep to a "1 drink per person" limit on expenses sent to NSCA for reimbursement.
- Attendee lunches will be reimbursed as long as the expenses stay within the forecasted amount on the approved event budget.

#### Gifts

- Gifts for speakers/other VIPs should be budgeted on the clinic/conference worksheet and should be kept to a nominal per-person value (\$25 or less). Gifts must <u>not</u> be perceived as additional compensation for speakers.
- Speaker Honorariums
  - NSCA honorariums for regional, state and provincial events range from \$100 \$250 per speaker hour.

If you have questions or concerns regarding NSCA's reimbursement policies, please contact NSCA's Membership Director.

### Sponsorship Policy

The NSCA recognizes that there are opportunities and benefits of obtaining local sponsors for the purposes of offsetting costs or providing addition clinic/conference value. In addition, from time to time the NSCA may obligate state/provincial clinics and regional conferences to accommodate a national-level sponsor that desires to support local-level events and activities.

- SPDs and RCs must report local sponsorship support using the NSCA Supporter Form in the appendix.
- For needs or issues relating to a national-level sponsor, please coordinate through NSCA's Membership Director.

### Event Requirements and Deadlines

NSCA's regional conferences and state/provincial clinics vary in size and complexity. A suggested timeline and approach is listed in the Appendix.

Below are the deadlines associated with the planning and submission of state/provincial clinics and regional conferences:

October 1 – tentative dates and locations for the following year's events must be submitted to SPD Program Coordinator.

6 months prior to event – pre-event forms must be submitted to SPD Program Coordinator for a regional conference.

3 months prior to event – pre-event forms must be submitted to SPD Program Coordinator for a state or provincial clinic.

The SPD Program Coordinator is the main liaison to the RC or SPD managing an event. Marketing support, forms, and any policy questions should be directed to the SPD Program Coordinator.

### Representing the NSCA

As a volunteer with the NSCA, you are required to read and understand NSCA's Volunteer Handbook as it contains a number of policies and guidelines pertinent to your role as an SPD, RC or AB. Pay special attention to the section on Conflict of Interest. The NSCA is only as strong as the reputation and integrity of its members and volunteers. Below are some general guidelines for SPDs, RCs and ABs:

| Do This   | Avoid This   |
|---|--|
| Promote NSCA's membership and certification.      | Act as a spokesperson for NSCA's position on a     |
|   | subject.   |
| Engage current and potential members on           | Promote your opinions in the context of your       |
| strength and conditioning topics on social media. | volunteer role.                                    |
| Serve as a connection point between members       | Market your own business or coaching services      |
| for the purpose of advancing the NSCA             | through NSCA channels.                             |
| community.  |  |
| Play a visible role as host and M/C at state,     | Utilize your NSCA role to obtain special favors or |
| provincial and regional events.                   | treatment from other NSCA members or               |
|   | sponsors/supporters.                               |
| Bring criticisms, concerns, and areas for         | Share criticism, concerns and areas for improving  |
| improving the Association to NSCA Membership      | the Association across social media and at clinics |
| Director and Board.                               | and conferences.                                   |

### State/Provincial Director of the Year

This award is given to state/provincial directors who have accumulated the most points during the year from April 1 to March 31, using the Award Criteria Sheet (sample in Appendix). The Membership Department calculates the points and selects the award winner. Past award winners may be found <a href="here">here</a> and this award follows the general awards guidelines for NSCA awards as outlined on NSCA.com.

RCs are encouraged to submit their recommendations for SPD of the Year by March 1 of each year to the SPD Program Coordinator for their respective regions. The SPD Program Coordinator will notify SPDs recommended as to next steps and deadlines. All Award Criteria Sheets are due by April 1. The winner will be notified by May 15, and the award will be presented each year at NSCA's National Conference Awards Banquet.

## Resignation, Termination and Grievance Policies and Procedures

 As SPD, RC and AB positions are volunteer assignments within the NSCA volunteer program, resignation, termination and grievance policies and procedures are governed by the NSCA Volunteer Handbook; please visit NSCA.com/volunteer to access a copy or download <a href="here">here</a>.

## Appendix

**SPD Event Approval Guidelines** 

SPD Startup and Event Timeline

Community Volunteer Application

Pre-, During and Post Event Forms

Award Criteria Sheet

**NSCA Social Media Guidelines** 

### **SPD Event Approval Guidelines**



### **5 Reminders as You Build Your Local NSCA Event**

- 1. Keep a balance among the following topic domains:
  - Exercise Science
  - Nutrition\*
  - Exercise Technique\*
  - Program Design\*
  - Organization and Administration
  - Testing and Evaluation
  - Client Consultation/Assessment
  - Safety, Emergency Procedures and Legal Issues
  - Basic Pathophysiology and Science of Health
  - Professional Development
    - \*Topics often requested by NSCA members.
- 2. Balance your presentations between coaching and personal training content.
- 3. Secure speakers from within your region.
  - Aiming for at least 60% of your speakers to come from your region.
- 4. Seek an equal balance of lecture and hands-on presentations
- 5. If a speaker on your roster has spoken 4 times or more at other state/provincial/regional events, we will ask you to select an alternate.

### Startup and Event Timeline for New/Current\* State/Provincial Directors

\*Current SPD, skip to Second Month/Six Months Prior to Event

### First Month as a New SPD

| ☐ Set up a meeting with the past State/Provincial Director and Regional Coordinator to:   |
|---|
| ☐ Send photo and short bio to SPD Program Coordinator for publishing on NSCA.com.   |
| ☐ Get involved with the Regional AB.  |
| ☐ Discuss a strategy for the first six months with RC.  |
| ☐ Past SPD and RC contact information may be obtained from the SPD Program Coordinator.   |
| ☐ Organize and establish an AB, if applicable.  |
| ☐ Contact current AB members.   |
| ☐ All NSCA members residing in your state may be considered. However, certified members should receive a greater emphasis.                                    |
| ☐ Obtain approval for each recommended board member from the RC prior to offering positions on the AB.  |
| ☐ Divide the state into sections, and where possible, select members from each of those regions.  |
| ☐ Assign members of your AB liaison duties.   |
| ☐ Using your AB members, begin to become affiliated with other professionals in your state:   |
| ☐ Strength coaches at the high school, college and professional level.  |
| ☐ Personal trainer and training facilities.   |
| ☐ College and high school educators and researchers.  |
| ☐ Education Recognition Program (ERP).  |
|   |
| second Month/Six Months Prior to Event  |
| ☐ Get feedback from last regional conference or state/provincial event and find topics and presenters that the membership has requested from the evaluations. |
| ☐ Contact members with e blast/e newsletter (through SPD Coordinator):  |
| A. New SPD  |
| ☐ Introduce yourself and the members of the AB.   |

|         | ☐ Provide goals and vision for the development of the NSCA state programs.   |
|---------|--|
|         | B. New and Current SPD   |
|         | ☐ Call for presentations and provide a proposal form.  |
|         | Specify a date for a state/provincial clinic. Consult with your RC and AB to set a date that does not conflict with other events in the area or NSCA national events.  |
|         | Establish a site for a state/provincial event with your AB clinic liaison. Make sure the site can facilitate audio/visual equipment, has adequate space for hands-on presentations, and will allow you the space for a nominal fee. Strength and conditioning facilities, state/province high schools or universities are exceptional locations for the event. |
|         | ☐ Send site contracts to NSCA SPD Program Coordinator for approval, if applicable.   |
| Third   | Month/Five Months Prior to Event Date  |
|         | Meet with Advisory Board and start organizing the details for the annual state/provincial event.   |
|         | Utilize your Advisory Board to select presenters for the state/provincial event.   |
|         | ☐ The Advisory Board, under the direction of the SPD, should establish criteria for selecting speakers/presenters  |
|         | ☐ Contact past presenters, professors, strength and conditioning coaches/trainers, or use the NSCA Speaker Resource Network.   |
|         | ☐ Try to provide a mix of lecture and hands-on presentations and a variety of relevant topics.   |
| Fourt   | th Month/4 Months Prior to Event Date  |
|         | Contact the clinic presenters to:  |
|         | Confirm speaking engagement and any equipment needs they might have for the presentation.  |
|         | ☐ Get finalized title, bio, and summary for Event Speaker List   |
|         | ☐ Have the speakers fill out the Speaker Contract and W-9 Form.  |
| Fifth I | Month/3 Months Prior to Event Date   |
|         | Prepare for the clinic:  |
|         | ☐ Submit completed NSCA SPD Program Pre-Clinic Forms to SPD Program Coordinator for approval.  |
|         |  |

| Contact and confirm status of all volunteers that will be assisting with set up and<br>coordination of the event.  |
|--|
| ☐ Arrange hotel and travel for attendees (if applicable) and presenters.   |
| <ul> <li>Coordinate payment with SPD Program Coordinator for presenter travel and<br/>hotel.</li> </ul>  |
| ☐ Require presenters to forward their PowerPoint presentation and program description to you. Utilize NSCA PowerPoint template.  |
| Two Months Prior to Event  |
| ☐ Order food. Contact vendor/caterer and order lunch, if applicable.   |
| ☐ Purchase event supplies, if applicable. (all purchases need to be pre-approved).   |
|  |
| One Month Prior to Event   |
| ☐ Confirm with speakers date, time, location, accommodations, and where they are to meet the SPD prior to their speaking time.   |
| ☐ Get small bills so change can be made for individuals that pay with cash onsite.   |
| ☐ Fill out speaker fees and submit request form to SPD Program Coordinator.  |
|  |
| One Week Prior to Event  |
| ☐ Ensure that all the equipment and supplies needed for the event are scheduled and will be available. (i.e. A/V equipment, t shirts, giveaways and supplies sent from NSCA Headquarters).   |
| ☐ Add the speaker presentations online to a file hosting service, if applicable, so the link may be sent to event attendees.   |
| The Night Before Event   |
| Give the volunteers, Advisory Board members and presenters an itinerary of the day. Review final times and give each volunteer and Advisory Board member their responsibilities for the day. Volunteers and Advisory Board members are as important as the presenters. Plan on having: |
| ☐ Registration staff (2 – 6 people depending on the size of the event). These volunteers register walk-ins and check in pre-registered attendees. Consider separate check-in tables for preregistration and walk-ins.  |
| ☐ Maintenance workers to help move tables, chairs, and equipment.  |

| ☐ Audio/video staff to set up and run equipment.   |
|--|
| ☐ Individuals to block unwanted/non-registered guests from entering.   |
| ☐ Clean-up crew.   |
| ☐ Photographer (photo taking is strongly encouraged).  |
| ☐ Arrange pick up of presenters from airport.  |
|  |
| The SPD should not try to do everything him/herself. You must be available to help with any situation that may arise.                  |
| Day of Event   |
| □ Post signs:  |
| A. NSCA event with arrows  |
| B. NSCA banners  |
| C. Parking   |
| D. Restrooms   |
| ☐ Professional presentation:   |
| A. Table cloth on registration, pre-registration, and sponsorship tables   |
| B. Handouts on table   |
| ☐ Post photos from your event on your region's Facebook group.   |
|  |
| One Week After Event   |
| ☐ Send a thank you letter to speakers, supporters, and site hosts.   |
| ☐ Send the following to the SPD Program Coordinator:   |
| Post Event Reporting Form  |
| <ul> <li>Onsite registration/payments - include "COMP" list to include volunteers, speaker, and<br/>Advisory Board members.</li> </ul> |
| o Expense Reporting Form, if applicable  |
| <ul> <li>Speaker Fees Reporting Form, if not previously submitted</li> </ul>   |



# NSCA COMMUNITY VOLUNTEER APPLICATION

### **APPLICANT INFORMATION**

| Region/State/Province Applying For:   |  |
|---|--|
| Position Applying For:  ☐ Advisory Board ☐ State Director ☐ Regional Coordinator              |  |
| Last Name First Name M.I  |  |
| Street Address  |  |
| Apartment/Unit # City   |  |
| State ZIP Phone   |  |
| E-mail Address  |  |
| Which of the following NSCA credentials do you hold?  |  |
| ☐ CSCS,*D ☐ CSCS Years Certified: ☐ CSPS,*D ☐ CSPS Years Certified:                           |  |
| □ NSCA-CPT,*D □ NSCA-CPT Years Certified: □ TSAC-F,*D □ TSAC-F Years Certified:               |  |
| How long have you been a member of the NSCA?  |  |
| Current Employment  |  |
| Company Phone   |  |
| Job Title   |  |
| Address   |  |
| Education   Highest Degree  |  |
| ☐ Doctorate ☐ Masters ☐ Bachelors ☐ Associates Year Graduated:                                |  |
| Boctorate B Masters B Dachelors B Associates real Graduated.                                  |  |
| Field of Study:   |  |
| Other Certifications/Licensures (Please check other certifications or licenses that you hold) |  |
| ☐ USAW   Level ☐ ACSM ☐ NASM ☐ SCCC ☐ ATC ☐ ATC/L   |  |
| □ MPT □ DPT □ RD  |  |
| Other:  |  |



# NSCA COMMUNITY VOLUNTEER APPLICATION

#### **NSCA Involvement**

| 51                 |                  |                    | , ,                |              |                    |
|--------------------|------------------|--------------------|--------------------|--------------|--------------------|
| Please indicate ti | he number of the | following NSCA api | proved conferences | or clinics v | 'ou have attended: |

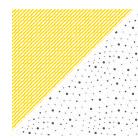
| Thease marcate the number of                               | tile it  | DIIOWING NOCA a   | ρρισν  | eu comerenc   | les of chines you have        | attenaca.       |             |                  |       |  |
|--|----------|-------------------|--------|---------------|-------------------------------|-----------------|-------------|------------------|-------|--|
| National Conference:                                       |          |                   |        |               | Personal Trainers Conference: |                 |             |                  |       |  |
| Coaches Conference:  |          | TSAC Conference:  |        |               |                               |                 |             |                  |       |  |
| Regional Conference:                                       |          |                   |        |               | State Clinic:                 |                 |             |                  |       |  |
| Other:   |          | Number:           |        |               |                               |                 |             |                  |       |  |
| Other:   |          |                   |        |               | Number:                       |                 |             |                  |       |  |
| Please identify the NSCA activ                             | ∕ities y | ou have been in   | volve  | d in and iden | tify the years of invol       | vement:         | ,           |                  |       |  |
| Special Interest Group:                                    |          |                   |        |               |                               | Years:          |             |                  |       |  |
| Regional Coordinator:                                      |          |                   |        |               |                               | Years:          |             |                  |       |  |
| State Advisory Board:                                      |          |                   |        |               |                               | Years:          |             |                  |       |  |
| State Director:  |          |                   |        |               |                               | Years:          |             |                  |       |  |
| NSCA Committee:  |          |                   |        |               |                               | Years:          |             |                  |       |  |
| Other:   |          |                   |        |               |                               | Years:          |             |                  |       |  |
| Please indicate the number or                              | · NCC    | Lactivities you b | ava h  | acted or acci | stad with:                    |                 |             |                  |       |  |
| Regional Conference:                                       | NSCA     | Hosted            | ave no | Assisted      | Number:                       |                 |             |                  |       |  |
| State Clinic:  |          | Hosted            |        | Assisted      | Number:                       |                 |             |                  |       |  |
| NSCA ERP:  |          | Sponsor           |        |               |                               |                 |             |                  |       |  |
| CSCS Exam Prep:  |          | Hosted            |        | Assisted      | Number:                       |                 |             |                  |       |  |
| NSCA-CPT Exam Prep:  |          | Hosted            |        | Assisted      | Number:                       |                 |             |                  |       |  |
| Other:   |          |                   |        |               |                               |                 |             |                  |       |  |
| Please identify the general su                             | bject r  | matter and the n  | umbe   | r of presenta | ations or educational a       | articles you ha | ve provided | d for the follow | wing: |  |
| NSCA National Conference                                   |          | Subject(s):       |        |               |                               |                 |             | Number:          |       |  |
| NSCA Regional Conference                                   |          | Subject(s):       |        |               |                               |                 |             | Number:          |       |  |
| NSCA State Clinic  |          | Subject(s):       |        |               |                               |                 |             | Number:          |       |  |
| NSCA Other Conference                                      |          | Subject(s):       |        |               |                               |                 |             | Number:          |       |  |
| Journal of Strength and<br>Conditioning Research<br>(JSCR) |          | Subject(s):       |        |               |                               |                 |             | Number:          |       |  |



# NSCA COMMUNITY VOLUNTEER APPLICATION

| Strength & Conditioning               |   |         |    |
|---------------------------------------|---|---------|----|
| Journal (SCJ)                         | Subject(s):   | Number: |    |
| NSCA Coach                            | Subject(s):   | Number: |    |
| Personal Training Quarterly<br>(PTQ)  | Subject(s):   | Number: |    |
| TSAC Report                           | Subject(s):   | Number: |    |
| Performance Training Journal<br>(PTJ) | Subject(s):   | Number: |    |
| Other:                                | Subject(s):   | Number: |    |
| Other:                                | Subject(s):   | Number: |    |
|                                       |   |         |    |
| In a brief paragraph, what are a      | at least 3 goals you would have as an NSCA volunteer?                 |         |    |
|                                       | at least 3 goals you would have as an NSCA volunteer?                 | ent.    |    |
| *** <i>Please</i> s                   | submit a resume identifying additional professional work and involvem |         | ·. |





## VOLUNTEER ACKNOWLEDGEMENT FORM

## RECEIPT AND ACKNOWLEDGMENT OF - NATIONAL STRENGTH AND CONDITIONING ASSOCIATION STATE AND PROVINCIAL DIRECTOR (SPD) PROGRAM HANDBOOK

The SPD Handbook is an important document intended to help you become acquainted with the NSCA SPD policies and procedures. This handbook serves as a guide to your service to the NSCA. The SPD Handbook is not the final word in all cases. Individual circumstances may call for individual consideration.

Please read the following statements and sign below to indicate your receipt and acknowledgment of the National Strength and Conditioning Association State and Provincial Director Program Handbook.

I have received and read the National Strength and Conditioning Association State and Provincial Director Program Handbook.

I understand and acknowledge that the policies and procedures described herein are subject to change at the sole discretion of the National Strength and Conditioning Association.

- I understand and acknowledge that my Regional Coordinator or State/Provincial Director service may be terminated, for any reason, either by myself or the National Strength and Conditioning Association.
- I understand and acknowledge that by virtue of my Regional Coordinator or State/Provincial Director position confidential information may be made available to me and that I may not release this information.

I understand that my signature below indicates that I have read, understand, and acknowledge the above

Volunteer Date





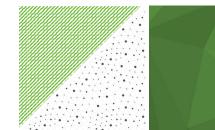
### PRE-EVENT FORMS

### **EVENT APPROVAL AND CONTINUING EDUCATION UNITS (CEU) REQUEST**

| Today's Date   | Organization Name  |                                 |
|--|--|---------------------------------|
| Contact Person/Host  |  |                                 |
| Phone Number   | Email  |                                 |
| Mailing Address<br>Insurance will be placed in host's na   | me unless otherwise specified. Clinic supplies will be mailed to the host's address below.   |                                 |
| Street/P.O. Box  | Apt./Ste. #  |                                 |
| City   | State/Province   |                                 |
| Zip/Postal Code  | Country  |                                 |
| Event Title  |  |                                 |
| Event Date(s) & Location   |  |                                 |
| Event Address  |  |                                 |
|  |  |                                 |
| Number of Education Contac   | t Hours (do not include breaks)  |                                 |
| Please attach:   |  |                                 |
| a. Detailed session descrip  | ions including an hour-by-hour schedule  |                                 |
| b. Presenter(s) biography,   | o include relevant certification(s), academic degree(s), work experience   | 9                               |
| EMERGENCIES AND FIRST  | AID INFORMATION  |                                 |
| Name of at least one person  | on-site who is CPR certified   |                                 |
| of the CEU Provider Program pr<br>and correct to the best of my kn<br>any information is later determi | mitting this form, I accept the conditions set forth by the NSCA concerning the accesses and policies. I attest that the information contained in this application is owledge. I further attest that this request is submitted in good faith. I understarned to be false, the NSCA reserves the right to revoke any previously approved to n Units for the above event/activity. | s true, complete<br>and that if |
| Signature  |  |                                 |

\*Contact provider@nsca.com for cost of non-NSCA State/Provincial/Regional event CEU fees.





### PRE-EVENT FORMS

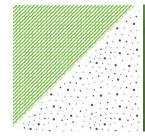
### **EVENT SPEAKER FORM**

The speaker form must be completed for each speaker in order to receive Continuing Education Units.

For reimbursement for their time, the speaker must have signed the Speaker Contract (this includes Regional Coordinator or SPD, if speaking at their event) and must have fulfilled their end of the contract for reimbursement for their services.

| Name                                   | A Member ID #                        |                                  |  |  |  |  |  |
|--|--------------------------------------|----------------------------------|--|--|--|--|--|
| Address                                |                                      |                                  |  |  |  |  |  |
| City                                   | State/Province                       | Zip/Postal Code                  |  |  |  |  |  |
| Phone                                  | Email                                |                                  |  |  |  |  |  |
| Degree(s)                              | ee(s)Certification(s)                |                                  |  |  |  |  |  |
| Current employer and title             |                                      |                                  |  |  |  |  |  |
| Amount Rendered for Services (hono     | rarium/hotel/travel)(to be completed | d by SPD/RC)                     |  |  |  |  |  |
|  |                                      |                                  |  |  |  |  |  |
| Speaking Date:                         | Speaking Time:                       | Regional Speaker Highlight 🏻     |  |  |  |  |  |
| Title and learning objectives:         | cpcago.                              | inegienar opeaner mgmgm <u> </u> |  |  |  |  |  |
|  |                                      |                                  |  |  |  |  |  |
|  |                                      |                                  |  |  |  |  |  |
|  |                                      |                                  |  |  |  |  |  |
|  |                                      |                                  |  |  |  |  |  |
| Short biography & qualification to pre | esent on topic:                      |                                  |  |  |  |  |  |
|  |                                      |                                  |  |  |  |  |  |
|  |                                      |                                  |  |  |  |  |  |
|  |                                      |                                  |  |  |  |  |  |
|  |                                      |                                  |  |  |  |  |  |



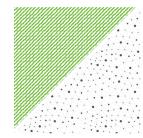


## PRE-EVENT FORMS

### **EVENT BUDGET**

| CLINIC BUDGET FOR    |           |                      |           |
|----------------------|-----------|----------------------|-----------|
| EXPENSES             |           |                      |           |
|                      |           |                      | ESTIMATED |
| TOTAL EXPENSES       |           |                      |           |
|                      | ESTIMATED |                      | ESTIMATED |
| SITE                 |           | REFRESHMENTS         |           |
| Room and hall fees   |           | Food                 |           |
| Site staff           |           | Drinks               |           |
| Equipment rental     |           | Linens               |           |
| Tables and chairs    |           | Staff and gratuities |           |
| TOTALS               |           | TOTALS               |           |
|                      |           |                      |           |
| EXPENSES             |           | SPEAKERS EXPENSE     |           |
| Printing             |           | Honorarium           |           |
| Postage              |           | Travel               |           |
| Stationery supplies  |           | Hotel                |           |
| Handbook/CD supplies |           | Meals                |           |
| Other                |           | Other                |           |
| TOTALS               |           | TOTALS               |           |
|                      |           |                      |           |
| MISCELLANEOUS        |           |                      |           |
| Telephone            |           |                      |           |
| Transportation       |           |                      |           |
|                      |           |                      |           |
| TOTALS               |           |                      |           |



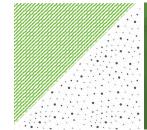


## PRE-EVENT FORMS

| CLINIC BUDGET FOR |           |
|-------------------|-----------|
| INCOME            |           |
|                   | ESTIMATED |
| TOTAL INCOME      |           |

| ESTIMATED     |                 | ESTIMATED |
|---------------|-----------------|-----------|
| LOTHINALED    | Member @        | ESTIMATE  |
|               |                 |           |
|               | Student @       |           |
|               | Non-Member @    |           |
|               |                 |           |
|               |                 |           |
|               |                 |           |
| ITORS/VENDORS |                 |           |
|               | Large booths @  |           |
|               | Medium booths @ |           |
|               | Small booths @  |           |
|               |                 |           |
|               |                 |           |
|               |                 |           |
|               |                 |           |
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|               |                 |           |
|               |                 |           |
|               |                 |           |
|               |                 |           |
|               |                 |           |
|               |                 |           |





## PRE-EVENT FORMS

| CLINIC BUDGET FOR      |           |
|------------------------|-----------|
| PROFIT - LOSS SUMMARY  |           |
|                        |           |
|                        | ESTIMATED |
| Total Income           |           |
| Total Expenses         |           |
| TOTAL PROFIT (OR LOSS) |           |





### PRE-EVENT FORMS

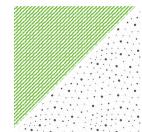
### **SPEAKER CONTRACT**

|                                | , 20, between<br>on (NSCA), 1885 Bob Johnson Dr, Colorado Spri   |                      |
|--------------------------------|--|----------------------|
| SPEAKER INFORMATION (To be co  | •  | 1193, 60 00300 4000. |
|                                | Impreted by speakers,  |                      |
|                                |  |                      |
| Address                        |  |                      |
| City                           | State/Province Zip/Post  | al Code              |
| Phone                          | Email address  |                      |
| If unavailable please speak to |  |                      |
|                                | be completed by the NSCA State/Provincial Di   |                      |
| Presentation date              | Start time   |                      |
| Length of program              | End time   |                      |
| ·                              | d by the NSCA State/Provincial Director / Regal hotel nights, and other incidental expenses are the resp |                      |
|                                |  |                      |
|                                |  |                      |

### **REGISTRATION PROCEDURE**

As contracted speakers, your registration is complimentary and includes all sessions. You do NOT need to send in a registration form. When you arrive, please check-in at the NSCA registration desk to pick up your name badge and conference program materials.





### PRE-EVENT FORMS

### **SPEAKER CONTRACT (continued)**

### TRAVEL POLICY

For speakers/presenters for whom the NSCA will be providing air travel, the following policies apply:

- a) You are responsible for booking your travel through Egencia no sooner than 60 days before the event and no later than 30 days from the event. We will email you Egencia directions 60 days before the event.
- b) The NSCA will provide air travel up to \$350 for qualifying presenters. If you choose a flight out of policy you will need to receive approval through Egencia from the NSCA.
- c) If you choose to drive instead of flying, the NSCA will reimburse driving expenses for actual mileage at the current IRS rate, up to the amount of a comparable round-trip discounted airfare.
- d) Please contact the NSCA Staff Liasion if you need assistance in making travel arrangements with Egencia.
- e) Airfare over \$350 will not be reimbursed unless prior arrangements have been made with the NSCA and fares are comparable.
- f) Changes or cancellations of itineraries, and related fees, after ticketing are the sole responsibility of the traveler.

| 5 | D | F | Δ | K | F | R | P | F | F. | Δ | 5 | F |
|---|---|---|---|---|---|---|---|---|----|---|---|---|
|   |   |   |   |   |   |   |   |   |    |   |   |   |

| I have agreed to present at the located in |
|--|
|--|

The views, materials and opinions expressed in this presentation will be solely mine. I have the full right and authority to use all materials presented in my presentation. This includes videos, pictures, images, figures, tables, and any other material written or visual that may have a copyright or in which any other person or entity may have rights. I understand that it is my responsibility as a speaker to acquire permission to use any material in or to which I do not have the copyright or other rights allowing use of such material in my presentation. I agree to indemnify and hold harmless the NSCA against any and all claims, losses, expenses, damages, fines or penalties that may be incurred by NSCA as a result of my presentation or the use or re-use by NSCA of my presentation or any materials contained therein, now or at any time in the future in any form or medium.

### **SELF PROMOTION**

It is against the policy of the NSCA to self-promote or give "infomercial" type presentations. Your presentation, handouts, and slide or power point presentation may not promote yourself, your company, or any company by which you are sponsored. If a speaker disregards this request, the NSCA reserves the right to withhold honorarium and speaker will not be asked back. The NSCA does not allow presenters to distribute "promotional or sales" materials during their sessions. Your Power Point may have your company/university logo on only the first and last slide. Feel free to include your email, address and phone number on your handouts so attendees may contact you directly on the last slide. If promotional information is included with your submitted outlines and/or handouts, it will not be included in the Clinic/ Conference materials given to attendees.

In addition, restrictions are placed on both video and audio recording. This applies to speakers as well as conference attendees. If you plan to record your session on your own, you will need to contact us for permission.





### **SPEAKER CONTRACT (continued)**

#### PERMISSION TO RECORD

I hereby give my permission for the NSCA or NSCA's official recording company to record my presentation. I understand that wearing a microphone in order to capture the recording will be necessary. I convey all rights to the recordings over to the NSCA and acknowledge that NSCA may use the recordings in programs and materials, videos, video conferences, and other presentations, whether visual or written, in association with the programs and activities of the NSCA. I consent to any and all uses of the recordings and any portraits, still pictures, or other photographic reproductions and sound recordings in which I may be portrayed, as well as any content appearing in any such recordings.

#### **GRANT OF RIGHTS**

I grant and assign to the NSCA the exclusive right to use, publish, or otherwise produce and re-produce, and sell, the materials as presented in my presentation, including but not limited to videos, pictures, images, figures, tables, and any other material, written or visual, in all forms and in all languages throughout the world under the name of the NCSA, in and for NSCA programs and/or publications, to include all copyright rights therein.

### PRESENTATION OUTLINE AND HANDOUTS

The NSCA requires all clinic/conference presenters to provide an outline of their presentation and supporting handouts. Handouts may include, but are not limited to: Power Point slides, charts, graphs, illustrations, references, suggested readings, etc. Handout materials for the clinic/conference must not be more than 15 pages in length. An NSCA PowerPoint template will be provided for your presentation.

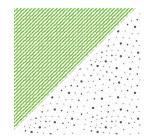
#### **CANCELLATION**

Cancellation of this contract, unless for serious physical disability, illness, or emergency over which you have no control, will cause undue hardship on the NSCA in securing a replacement speaker. In the event you cancel, you will be responsible for all expenses already incurred in connection with the event (i.e., airfare). We request that you work with the NSCA State/Provincial Director/Regional Coordinator to assist with finding a replacement speaker that is acceptable to the NSCA. You will forfeit any compensation promised as part of this contract.

PLEASE REVIEW AND SIGN THIS CONTRACT AND RETURN ALL PAGES TO THE ADDRESS BELOW AS SOON AS POSSIBLE. RETAIN A COPY FOR YOUR FILES.

| Signature  | Date |  |  |  |  |
|--|------|--|--|--|--|
| Scan and return completed contract to: NSCA State/Provincial Director/Regional Coordinator |      |  |  |  |  |
|  |      |  |  |  |  |
|  |      |  |  |  |  |
| For questions or concerns please call  |      |  |  |  |  |





### PRE-EVENT FORMS

### W-9 FOR SPEAKERS

Any speaker receiving an honorarium from the NSCA is required to fill out a W-9 every three years or when your address changes. No check will be processed unless a current W-9 is on file.

Instructions for this form may be found online: <a href="http://www.irs.gov/pub/irs-pdf/fw9.pdf">http://www.irs.gov/pub/irs-pdf/fw9.pdf</a>

Scan and email or fax W-9 to:

NSCA Headquarters Email: <a href="mailto:spd@nsca.com">spd@nsca.com</a> Fax: +1 719-632-6367





## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

| Print or type See Specific Instructions on page 2. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  |          |          |         |  |             |   |          |       |  |
|--|--|----------|----------|---------|--|-------------|---|----------|-------|--|
|  |  |          |          |         |  |             |   |          |       |  |
|  | 3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes:  Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC  Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) |          |          |         |  |             | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) |          |       |  |
|  | Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  |          |          |         | Exemption from FATCA reporting code (if any) |             |   |          |       |  |
| 문능   | ☐ Other (see instructions) ►   |          |          | (Ард    | olies to acc                                 | counts main | tained out  | side the | U.S.) |  |
| See <b>Specifi</b> c                               | 5 Address (number, street, and apt. or suite no.)  | Request  | er's nam | e and a | address                                      | (option     | al)   |          |       |  |
|  | 6 City, state, and ZIP code  |          |          |         |  |             |   |          |       |  |
|  | 7 List account number(s) here (optional)   |          |          |         |  |             |   |          |       |  |
| Pa   | rt I Taxpayer Identification Number (TIN)  |          |          |         |  |             |   |          |       |  |
| Ente   | r your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo   | id       | Social   | securit | y numb                                       | er          |   |          |       |  |
| resid  | rup withholding. For individuals, this is generally your social security number (SSN). However, for lent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other   |          |          |         | -  | _           | $\overline{\Box}$   |          |       |  |
|  | ies, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i> on page 3.  | -        | or       |         |  |             |   |          |       |  |
| Note   | . If the account is in more than one name, see the instructions for line 1 and the chart on page 4   | l for    | Employ   | er ide  | ntificati                                    | on num      | ber   |          |       |  |
|  | elines on whose number to enter.   |          |          | -       |  |             |   |          |       |  |
| Pa   | rt II Certification  | l        | <u> </u> |         | -  |             |   | <u> </u> | -     |  |
| Unde   | er penalties of perjury, I certify that:   |          |          |         |  |             |   |          |       |  |
| 1. Th  | he number shown on this form is my correct taxpayer identification number (or I am waiting for a   | a numb   | er to be | issue   | d to m                                       | e); and     |   |          |       |  |
| S  | am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) ervice (IRS) that I am subject to backup withholding as a result of a failure to report all interest o be longer subject to backup withholding; and  |          |          |         |  |             |   |          |       |  |
| 3. la  | am a U.S. citizen or other U.S. person (defined below); and  |          |          |         |  |             |   |          |       |  |
| 4. Th  | ne FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting  | is corr  | ect.     |         |  |             |   |          |       |  |
| Certi  | ification instructions. You must cross out item 2 above if you have been notified by the IRS that  | at you a | re curre | ently s | ubject                                       | to back     | kup wi  | thholo   | ding  |  |

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

instructions on page 3.

Sign Signature of U.S. person ► Date ►

### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),  $\,$ 
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



## DURING EVENT FORMS

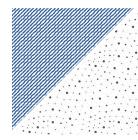
### **ON-SITE EVENT REGISTRATION FORM**

| Event Title  | Date  |
|--|---|
| Name   | NSCA Member ID #                            |
| □ CSCS® □ NSCA-CPT® □ CSPS® □ TSAC-F® C                          | ertification #(s)                           |
| Address  |   |
| City   | State/Province Zip/Postal Code              |
| Phone E  | mail  |
| Emergency name and phone number                                  |   |
| METHOD OF PAYMENT  □ Cash □ Check payable to NSCA, (U.S. dollars | only) □ VISA □ MasterCard □ Amex □ Discover |
| Clinic Fees  | Total Amount Paid                           |
| Credit Card Number   | Expires CVV Code                            |
| Name on Credit Card  |   |
| Signature  |   |
| Scan and email or fax completed registration to                  | ):  |
|  |   |

NSCA Headquarters Email: <a href="mailto:spd@nsca.com">spd@nsca.com</a> Fax: +1 719-632-6367

Refund Policy: All refund requests must be submitted in writing (mail, fax, email) and should include the reason for cancellation. No refunds will be accepted via phone. Refund requests must be made at least ten days prior to the event date. Processing fees may occur and some refunds are subject to change.





### **DURING EVENT FORMS**

## WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND PARENTAL CONSENT AND INDEMNITY AGREEMENT

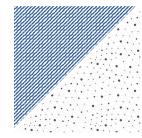
In consideration of me being permitted to participate in any way in the NSCA Strength & Conditioning or Personal Training Activities ("Activity"), I agree:

- 1. I understand the nature of **Strength & Conditioning or Personal Training** activities and believe I am qualified to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- 2. I FULLY UNDERSTAND that: (a) Strength & Conditioning and Personal Training Activities involve risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions, or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my Participation in the Activity.
- 3. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS NSCA, any respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the Releasees named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

| Printed Name   | Signature  | Date   |
|--|--|--|
| capabilities and believe the minor to be quad AGREE TO INDEMNIFY AND SAVE AND HO the minor's account caused or alleged to have negligent rescue operations, and further against any of the above Releasees, I WILL | understand the nature of the above referenced activities and the alified to participate in such "Activity." I hereby release, dischard LD HARMLESS each of the Releasees from all liability, claims, do ave been caused in whole or in part by the negligence of the Referee that if, despite this release, I, the minor, or anyone on the mathematical Industry, SAVE AND HOLD HARMLESS each of the Releases any Releasees may incur as the result of any such claim. | ge, covenant not to sue and<br>demands, losses, or damages on<br>eleasees or otherwise, including<br>ninor's behalf makes a claims |
| Printed Name of Parent/Guardian  | Signature of Parent/Guardian   | Date   |





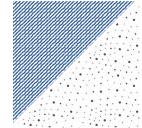
## **DURING EVENT FORMS**

### **EVENT SIGN-UP SHEET**

| Event Title | Date |
|-------------|------|

| MEMBER<br>ID# | NAME | PHONE/EMAIL | REGISTRATION CONFIRM # (IF AFTER CUTOFF) | TOTAL<br>PAID | METHOD<br>PAID |
|---------------|------|-------------|--|---------------|----------------|
|               |      |             |  |               |                |
|               |      |             |  |               |                |
|               |      |             |  |               |                |
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|               |      |             |  |               |                |
|               |      |             |  |               |                |





## **DURING EVENT FORMS**

### **CLINIC EVALUATION FORM**

| Please help us improv   | ve our State/Provincial  | Clinic  | cs by providir | ng ansv | wers to th  | ne following | g questions. |      |
|-------------------------|--------------------------|---------|----------------|---------|-------------|--------------|--------------|------|
| GENERAL INFORMA         | ATION                    |         |                |         |             |              |              |      |
| Are you a NSCA Mem      | nber? Yes □ No □         |         |                |         |             |              |              |      |
| Which certifications of | do you currently have?   |         |                |         |             |              |              |      |
| CSCS® □                 | NSCA-CPT® □              | Othe    | er CPT 🗖       | С       | SPS® □      |              |              |      |
| TSAC-F® □               | ATC □                    | Non     | e 🗆            | С       | ther:       |              |              |      |
| What is your current    | profession?              |         |                |         |             |              |              |      |
| Strength & Condition    | ing Coach □              | High    | school S&C     | Coach   |             | Colleg       | e S&C Coach  |      |
| Professional S&C Coa    | ach 🗆                    | Pers    | onal Trainer   |         |             | Athlet       | ic Trainer 🗖 |      |
| Physical Therapist 🗖    |                          | Nutr    | itionist 🗖     |         |             | Chirop       | oractor 🗆    |      |
| Massage Therapist □     | I                        | Stuc    | lent □         |         |             |              |              |      |
| Other:                  |                          |         |                |         |             |              |              |      |
| Which population(s)     | do you work with?        |         |                |         |             |              |              |      |
| How far did you trave   | el to come to this confe | erence  | ??             |         |             |              |              |      |
| 0-25 miles □ 26-50      | miles D 50-100 miles     | s 🗆 1   | 00-200 mile    | es 🗆 20 | 00+ miles   | s 🗆          |              |      |
| Would you attend thi    | is location again? Yes 🛭 | □ No    | □ Why not      | :?      |             |              |              |      |
|                         |                          |         | Excellent      | Go      | nd l        | Avg          | Fair         | Poor |
| The presentation top    | pics were pertinent to r | me      | 5              | 4       | <del></del> | 3            | 2            | 1    |
| The presentations w     | vere high quality        |         | 5              | 4       |             | 3            | 2            | 1    |
| The clinic was well c   | organized                |         | 5              | 4       |             | 3            | 2            | 1    |
| The timing of the cli   | inic worked well for me  |         | 5              | 4       |             | 3            | 2            | 1    |
| What time of year wo    | ould work better for yo  | u? (lis | st the month   | )       |             |              |              |      |

Return completed evaluation form to: NSCA Headquarters

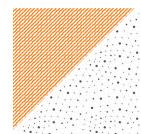
What topic(s) would you like to see in the future?

1885 Bob Johnson Drive

Colorado Springs, CO 80906-4000

Email: <a href="mailto:spd@nsca.com">spd@nsca.com</a>



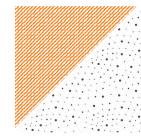


## **POST-EVENT FORMS**

### **POST-EVENT REPORTING FORM**

| Form complete   | d by               |                            |                         |            |  |
|-----------------|--------------------|----------------------------|-------------------------|------------|--|
| Today's date    |                    | Dat                        | Date(s) of event        |            |  |
| Event title     |                    |                            |                         |            |  |
| Event site      |                    | Nar                        | ne of host              |            |  |
| Total amount of | f money collected  | from on-site registratio   | ns: \$                  |            |  |
| How many part   | icipants did you p | olan for?                  | Number of total pa      | rticipants |  |
| Number of NSC   | A Members          |                            | Non-members             |            |  |
| Number of:      | CSCS®              | NSCA-CPT®                  | CSPS®                   | TSAC-F®    |  |
|                 |                    |                            |                         |            |  |
| What could hav  | ve been done to n  | nake this a better event?  |                         |            |  |
| General Comme   | ents (advertising  | methods, sponsors, etc.)   | )                       |            |  |
|                 |                    |                            |                         |            |  |
| Speakers recom  | nmended to prese   | ent at regional/national e | events (list name/event | )          |  |
|                 |                    |                            |                         |            |  |
|                 |                    |                            |                         |            |  |





## POST-EVENT FORMS

### **EXPENSE REPORTING FORM**

All expenses acquired must have receipts. Before acquiring an expense, the NSCA staff liaison must approve the expense. Fill out a new expense form for each individual payee.

| Form completed by  |                     |                                  |                               |
|--|---------------------|----------------------------------|-------------------------------|
| Today's date   | D                   | ate(s) of event                  |                               |
| Event title  |                     |                                  |                               |
| Region/State/Province  |                     |                                  |                               |
| Payee (who to make check out to)   |                     |                                  |                               |
| Address  |                     |                                  |                               |
| City   | State/Province _    | Zip/Postal Code                  | Country                       |
| ADMINISTRATIVE EXPENSE(S) To include, but not limited to, copying which will be sent out by the NSCA.) | g, printing, admini | istrative supplies for the event | t. (Not to include newsletter |
| COMPANY NAME   |                     | PURPOSE                          | COST                          |
|  |                     |                                  |                               |
| <b>FOOD</b> To include, but not limited to, event p  | rovided breakfast   | ts, lunches, snacks, and speak   | er dinners.                   |
| STORE/RESTAURANT   |                     | PURPOSE                          | COST                          |
|  |                     |                                  |                               |
| EQUIPMENT RENTAL To include, but not limited to, equipm  | ent required for t  | the sole purpose of the event.   |                               |
| NAME OF COMPANY  |                     | TYPE OF EQUIPMENT                | COST                          |
|  |                     |                                  |                               |
|  |                     |                                  |                               |
| FACILITY RENTAL FEES   |                     |                                  |                               |
| NA NA  | AME AND LOCAT       | TON                              | COST                          |
|  |                     |                                  |                               |
|  |                     |                                  |                               |





### State/Provincial Director of the Year Award Criteria Sheet (rev. 8/17)

| Name of SPD: | <b>State/Province:</b> |  |
|--------------|------------------------|--|
|              |                        |  |

| Criteria   | Point value                | Completed or Points |
|--|----------------------------|---------------------|
| Required for Nominee Consideration   |                            |                     |
| NSCA Member & Certified  | Required                   |                     |
| Formed SPD Advisory Board  | Required                   |                     |
| Hosted NSCA Approved State/Provincial Clinic   | Required                   |                     |
| Participated in Regional Advisory Board Meetings   | Required                   |                     |
| Completed and Submitted Annual Report (by deadline in SPD Handbook)                                      | Required                   |                     |
| Attended SPD Assembly at National Conference (in person or virtual)                                      | Required                   |                     |
| State/Provincial Activities (70% total points)   |                            |                     |
| Create communication through established channels  | 1 pt/each (max 6)          |                     |
| Conduct State/Provincial Advisory Board meeting(s) (minutes required)                                    | 1 pt/each                  |                     |
| Host an additional approved NSCA State/Provincial clinic   | 3 pts/each (max 6)         |                     |
| Co-host an approved NSCA regional clinic with Regional Coordinator                                       | 3 pts/each                 |                     |
| Host an NSCA certification exam prep   | 2 pts/each                 |                     |
| Active recruiting of members   | 1 pt/activity (max         |                     |
| NSCA booth exhibitor for Non-NSCA event  | 2 pts/event                |                     |
| Subtotal   |                            |                     |
| Other Involvement (30% of total points)  |                            |                     |
| Presenter Activities   |                            |                     |
| <ul> <li>Presenter or co-presenter at NSCA State/Provincial Clinic or<br/>Regional Conference</li> </ul> | 1 pt/presentation          |                     |
| <ul> <li>Presenter or co-presenter at National, Coaches, PT, or TSAC<br/>Conference</li> </ul>           | 2 pts/presentation (max 6) |                     |
| <ul> <li>From the Field presentation at any NSCA National Conference<br/>(limit 2/year)</li> </ul>       | 1 pt/presentation (max 2)  |                     |
| Authorship/Editor  |                            |                     |
| <ul> <li>Author/co-author NSCA's quarterly journal article</li> </ul>                                    | 1 pt/article (max 6)       |                     |
| <ul> <li>Author/co-author NSCA JSCR/SCJ journal article</li> </ul>                                       | 2 pts/article (max         |                     |
| <ul> <li>Author/co-author NSCA other journal article</li> </ul>  | 1 pt/article (max 6)       |                     |
| Non-NSCA Involvement (Documentation is required)   |                            |                     |
| Author/co-author article for non–NSCA publication promoting the<br>NSCA                                  | 2 pts/article (max 6)      |                     |
| Presenter/co-presenter at non-NSCA conference<br>promoting/representing the NSCA                         | 2 pts/presentation         |                     |
| Subtotal   |                            |                     |
| Total Score (calculated by NSCA HQ)  |                            |                     |



### **Guidelines for NSCA Regional Social Media**

Updated June 2018

### Facebook Group

- I. Each region may utilize a Facebook Group page. A Facebook group allows for a conversational setting, encouraging all members of the group (region) to network, ask questions, share opinions and experiences, and more.
- 2. The regional coordinator should be the main Administrator of the group, but should entitle other region members with either Administrator or Moderator access to assist in group maintenance and quality control. Group members can invite others to join. Sam Wells, NSCA Social Media Coordinator, should also be given Administrator access through the NSCA admin account which is titled 'Beth Rampelberg'.
- 3. Each group should follow the nomenclature "NSCA BLANK Region".
- 4. Each Administrator and Moderator should review the "NSCA Regional FB Group User Guidelines" document. This document should also be uploaded onto the group page and announced in a post to the group as a reminder of general policies.
- 5. Each group should include the following in its description: This is an official regional group of the National Strength and Conditioning Association (NSCA). It has been created for all NSCA members and certified non-members in (insert region) to join as an outlet for sharing industry-related discussions and questions. The official Facebook page of the NSCA can be found here: <a href="https://www.facebook.com/NSCAofficial/">https://www.facebook.com/NSCAofficial/</a>.
- 6. As regional coordinators and the main group Administrator, you can take ownership of additional/specific group rules should you feel any need to be implemented.
- 7. NSCA HQ will provide each group with a cover photo to ensure consistency and adequate brand representation.
- 8. The NSCA official Facebook page and NSCA.com will host a tab/page that lists links for each regional group page to help drive traffic.
- 9. As regional coordinators, we expect you to properly represent the NSCA and its best interest as well as possible.
- 10. For any questions, please contact Sam Wells, NSCA Social Media Coordinator, at sam.wells@NSCA.com or 719.632.6722 ext. 190.



### **Guidelines for NSCA Regional & Special Interest Group Facebook Groups**

Updated June 2018

- 1. Group members are solely responsible for all content that they post on the group page. The NSCA shall have the right, but not the obligation, to correct any errors or omissions, in any content, as it might determine of its sole discretion. The NSCA reserves the right to delete or remove any user content from the group page and to deny access to all or part of this group, at any time for any reason, without prior notice or liability.
- 2. The NSCA is a non-profit 501(c) (3) educational organization focused on strength and conditioning. As such, online group pages have been provided to promote and provide an environment for the free movement of ideas on strength and conditioning. The NSCA does not take a position on political or religious agendas and recommends users interested in promoting such agendas find an alternative forum sharing their similar interests.
- 3. **No promotional posts**. This group is not intended to be a platform for your own personal marketing. Posts about relevant industry events, clinics, conferences, or resources and NSCA happenings are allowed. The removal of posts that do not fall within this scope are subject to the group administrators' discretion and may be taken down.
- 4. **Use good judgment.** Do not post on these group pages (including linking to) any content which (a) is libelous, defamatory, obscene, pornographic, abusive, harassing or threatening, (b) contains viruses or other contaminating or destructive features, (c) violates the rights of others, such as content which infringes any copyright, trademark, patent, trade secret or violates any right of privacy or publicity, or (d) otherwise violates any applicable law.
- 5. **Give and receive.** Don't hesitate to ask questions, but also be sure to contribute whenever you have information that can help another group member. After all, the free flow of ideas is what makes the online community such a dynamic place.
- 6. **Introduce yourself.** It is a good idea to introduce yourself when you first post to give those around you a little information about yourself and how you are connected to the topic.
- 7. **Respect your peers.** NSCA members and participants are not permitted to harass or "inflame" other members or participants. Please note that this also includes the posting of taunts solely for the purpose of deriding the group's topic and/or members. The use of inappropriate or offensive language is not permitted in this group. Inappropriate or offensive language includes, but is not limited to, any language or content that is sexually oriented, sexually suggestive or abusive, harassing, defamatory, vulgar, obscene, profane, hateful, or that contains racially, ethnically, or otherwise objectionable material of any kind. We ask that you please be considerate to other members and participants when posting your messages.
- 8. **Be smart.** For your own safety, don't give out personally identifiable information (such as Social Security numbers, credit card numbers, driver's license numbers) to strangers online.
- 9. **Don't "shout."** Unless you intend to emphasize a point, refrain from typing words or phrases in all caps. IT LOOKS AS THOUGH YOU ARE SHOUTING! Besides, it's annoying and difficult to read.



- 10. **Be professional.** The group is not an "online chat room" for inane banter.
- 11. Be sensitive to fair trade regulations. Messages should not be posted if they encourage or facilitate members to arrive at any agreement that either expressly or impliedly leads to price fixing, a boycott of another's business, or other conduct intended to illegally restrict free trade. Messages that encourage or facilitate an agreement about the following subjects are inappropriate: prices, discounts, or terms or conditions of sale; salaries; profits, profit margins, or cost data; market shares, sales territories, or markets; allocation of customers or territories; or selection, rejection, or termination of customers or suppliers.
- 12. **Guidelines for member removal.** If you do not follow the above guidelines, there is a risk that you could be removed from the group after a three-strike system.
  - a. **Inappropriate post #I** Removal of the post by a group admin with an explanation to the posting member as to why it was removed via Facebook message. Screenshot of post to be emailed to sam.wells@nsca.com.
  - b. **Inappropriate post #2** Removal of the post by a group admin with an explanation to the posting member as to why it was removed via Facebook message with a warning that if they post another similarly inappropriate post, they may be removed from the group. Screenshot of post to be emailed to <a href="mailto:sam.wells@nsca.com">sam.wells@nsca.com</a>.
  - c. **Inappropriate post #3** Removal of the post by a group admin with an explanation to the positing member as to why it was removed and a notification that they have lost the privilege to contribute to the group via Facebook message. Member removed from group. Screenshot of post to be emailed to <a href="mailto:sam.wells@nsca.com">sam.wells@nsca.com</a>.