

Sportsmetrics™  
On-Site Certification Course Request  
Site Questionnaire

Thank you for your interest in hosting a Sportsmetrics™ Certification Course. Before any specific arrangements for a course can be made, the course must obtain approval from Dr. Frank Noyes. In evaluating whether or not an on-site course is possible, there are certain things about the hosting organization and its operations that we would like to know. This questionnaire will allow you to describe your organization/operations, and how your hosting of a certification course would be beneficial to both your organization and Cincinnati SportsMedicine. Please answer all of the following questions and either email or fax your response to Stephanie Tutalo Smith at [stutalo@csmoc.com](mailto:stutalo@csmoc.com) or 513-792-3230. Upon receipt of your response it will be forwarded to Dr. Noyes and our Sportsmetrics™ Committee for review. We will notify you of our decision as soon as possible. Thank you.

Hosting Organization and Location:
Desired Certification Course Dates:
Number of Certification Course Participants Expected: _____ - Number of physical therapists: _____ - Number of athletic trainers: _____ - Number of other health professionals (please include credentials): _____
Description of Organization: ___ Private    ___ Hospital Based    ___ Other (Please specify) _____ Please provide a brief description of the services that your organization offers:
High Schools and Sports Organizations that your organization is affiliated with or has contracts with: - High Schools: _____ - Club Sports Organizations: _____ - Other (Please specify): _____
Please describe your relationship/involvement with the high schools and sports organizations that you are affiliated with, including your ability to test and/or train and follow specific groups of athletes (teams) for a specified period of time (length of season, 6 months, 12 months).
Please indicate the number of 6 week Sportsmetrics™ Training Sessions that you anticipate your organization being able to conduct during a one year time period: _____
Please describe your organization's willingness and ability to work with Cincinnati SportsMedicine on research endeavors relating to Sportsmetrics™:
Please use this area to provide Cincinnati SportsMedicine with any additional information that you feel would be important for us to know: