

**MODULES APPLICATION FORM FOR INITIAL USAV-CAP CERTIFICATION**

Name: \_\_\_\_\_  
School/Team/Organization Coaching for: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home PH: \_\_\_\_\_ Work PH: \_\_\_\_\_ Cell PH: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email(s): \_\_\_\_\_  
USAV Region: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Member Number: \_\_\_\_\_ OR Last 4 SSN: \_\_\_\_\_

**Instructions:**

Choose ONE of the following options from PART ONE of this Form to apply your CAP Modules Certificate(s), and list the Modules you attended in PART TWO on the back of this form. Return this form, along with all **ORIGINAL MODULE CERTIFICATES, NO EARLIER than YOUR COURSE REGISTRATION DATE**, and **NO LATER THAN the EXPIRATION DATE ON EACH CERTIFICATE** to:

**USAV-CAP**  
715 South Circle Drive  
Colorado Springs, CO 80910

**Make a copy of this form and your original Module Certificates  
and keep in your Coaching Accreditation file.**

**PART ONE**

1. I attended a **FULL/REGULAR CAP Course** at the following Level and wish to apply the Modules Listed on the back of this form to the **Additional Modules** requirement for:

CAP Level I                       CAP Level II                       CAP Level III                       CAP Level IV

Course Date - \_\_\_\_\_ Course Site & Code # - \_\_\_\_\_

Cadre/Instructors - \_\_\_\_\_

Date I am mailing this Modules Application toward initial CAP certification: \_\_\_\_\_

My last USAV Background Screen Cleared Date: \_\_\_\_\_ Expires on: \_\_\_\_\_

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2. I attended **DAY 1 of a REGULAR CAP Course** and wish to apply the Modules Listed below to the **Day 2 Modules** requirement for:

CAP Level I                       CAP Level II                       CAP Level III                       CAP Level IV

Course Date - \_\_\_\_\_ Course Site & Code # - \_\_\_\_\_

Cadre/Instructors - \_\_\_\_\_

Date I am mailing this Modules Application toward initial CAP certification: \_\_\_\_\_

My last USAV Background Screen Cleared Date: \_\_\_\_\_ Expires on: \_\_\_\_\_

# PART TWO

I attended the following **APPROVED CAP MODULES** and wish to apply them to the course listed on the front of this form:

Module 1:  
Date - \_\_\_\_\_ Site - \_\_\_\_\_  
Title - \_\_\_\_\_ Instructor - \_\_\_\_\_  
Certificate expiration date: \_\_\_\_\_

Module 2:  
Date - \_\_\_\_\_ Site - \_\_\_\_\_  
Title - \_\_\_\_\_ Instructor - \_\_\_\_\_  
Certificate expiration date: \_\_\_\_\_

Module 3:  
Date - \_\_\_\_\_ Site - \_\_\_\_\_  
Title - \_\_\_\_\_ Instructor - \_\_\_\_\_  
Certificate expiration date: \_\_\_\_\_

Module 4:  
Date - \_\_\_\_\_ Site - \_\_\_\_\_  
Title - \_\_\_\_\_ Instructor - \_\_\_\_\_  
Certificate expiration date: \_\_\_\_\_

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Module 5:  
Date - \_\_\_\_\_ Site - \_\_\_\_\_  
Title - \_\_\_\_\_ Instructor - \_\_\_\_\_  
Certificate expiration date: \_\_\_\_\_

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Module 6:  
Date - \_\_\_\_\_ Site - \_\_\_\_\_  
Title - \_\_\_\_\_ Instructor - \_\_\_\_\_  
Certificate expiration date: \_\_\_\_\_