

APPLICATION FOR COACHING COURSE EQUIVALENTS

INSTRUCTIONS: *Please print or type all information. This application is a request for the State Education Department to give credit for equivalents to the coaching courses required by the Regulations of the Commissioner of Education, Section 135.4 in lieu of attending courses offered by approved agencies.*

To: **Physical Education, State Education Department, Room 681 EBA, Albany, New York 12234**

From: Name _____ Social Security # _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ - _____ Work Phone () _____ - _____

1. Do you hold a New York State Teaching Certificate? Yes No

If Yes, in what subject? _____ Type _____

Effective Date ____ / ____ / ____ Certificate Number _____

2. Are you currently employed as a coach? Yes No

If Yes, School Name _____

Address _____ City _____

State _____ Zip _____ Phone () _____ - _____

Director of Physical Education/Athletics _____

Date appointed ____ / ____ / ____ Name of BOCES District _____

3. Courses requested to be met by Equivalent Experience:

Philosophy, Principles and Organization of Athletics in Education

Health Sciences Related to Coaching

Theory and Techniques of Coaching _____

Sport

List equivalents related to the courses below and attach copies of transcripts, certificates or other verification of equivalents:

A. Philosophy, Principles and Organization _____

B. Health Sciences Related to Coaching _____

C. Theory and Techniques (specific sports) _____

I declare and affirm that the statements made in the foregoing application, including accompanying statements and transcriptions, are true and correct.

FOR BUREAU USE ONLY

Approved _____ / _____ / _____
Disapproved _____ / _____ / _____
Returned for Clarification _____
Signed _____ / _____ / _____

Signature of Applicant

_____/_____/_____
Date