PATHWAY II COVER SHEET

TEMPORARY COACHING LICENSE / PROFESSIONAL COACHING CERTIFICATE

Addendum to online application - Please complete this form and return to the Section VIII office with copies of **all** required paperwork attached. Materials submitted without this form **CANNOT** be processed. DOB AND LAST FOUR OF SSN MUST BE ON ALL PAGES!

Name:	SSN: DOB: E-mail:		
Address:			
Phone: _ District: _			
	Sport:	Season:	
Temporar Temporar Profession	for a: (check one) ry Coaching License * ry Coaching License (renewal) * nal Coaching Certificate nal Coaching Certificate (renewal)	* Please check this box to indicate that your Dist. Superintendent has completed the Superintendent's statement (for temporary coaching license ONLY). Submission of the packet without the statement will result in the return of your documents and delay the processing of the application.	SEC. VIII Office Use ONLY
First Aid CPR (mu Completic Completic DASA Tr	ents for first-time coaching (must be updated every three years st be updated every two years) on of Identification and Reporting	of Child Abuse Certification and Intervention (SAVE) Certification	l that apply)
	ents for second-year coaclet Aid and CPR	hes (first renewal)	
renewal) Valid Firs	<u> </u>	s (second renewal), fourth-year coadurth renewal) [2 nd -4 th renewals] extificate (AIC – Level 1)	ches (third
Valid Firs NFHS Ad NFHS Co Internship	nal Coaching Certificate (got Aid and CPR ccredited Interscholastic Coach Certified Athletic Coach Certificate (p. (30 hours) [Attach Coaching Interschool of three years of coaching	(CIC – Level 2)	

COACHES - please complete, attach documentation and return to your Athletic Director's office **ATHLETIC OFFICES** – please have the Superintendent's statement completed and submit entire packet to:

Karen Wohlrab • Sec. VIII Interscholastic Athletics • Nassau BOCES Admin. Center 71 Clinton Road • Garden City, NY 11530



