

PATHWAY I 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:** _____

Address: _____ **DOB:** _____

Phone: _____ **E-mail:** _____

District: _____ **Sport:** _____ **Season:** _____

I have completed an online application for a: (check one)

- Temporary Coaching License *
- Temporary Coaching License (renewal) *
- Professional Coaching Certificate
- Professional 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

I am submitting the following to complete my online application: (check all that apply)

Requirements for first-time coaching applicants (initial application)

- First Aid (must be updated every three years)
- CPR (must be updated every two years)
- Completion of Identification and Reporting of Child Abuse Certification
- Completion of School Violence Prevention and Intervention (SAVE) Certification
- DASA Training (must be on file for all applicants, eff. 1/14)
- Fingerprint Clearance

Requirements for second-year coaches (first renewal)

- Valid First Aid and CPR

Requirements for third-year coaches (second renewal)

- Valid First Aid and CPR
- Completion of Philosophy, Principles and Organizations of Athletics in Education

Required before the fifth year of coaching—can be taken anytime within the process

- Completion of Health Sciences Applied to Coaching
- Completion of Theory and Techniques (of specific sport)

Professional Coaching Certificate (good for three years; sport-specific)

- Valid First Aid and CPR
- Completion of all required coursework
- A minimum of three years coaching experience in a specific sport in a NYS athletic program (three TCLs)
- Satisfactory evaluations for last three years of licensed coaching (use State evaluation form)

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