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:	
I have completed an online application for a: (check one) Temporary Coaching License Temporary Coaching License Professional Coaching Certification Professional Coaching Certification	your Super coacinate docume	Please check this box to indicate that Dist. Superintendent has completed the rintendent's statement (for temporary hing license ONLY). Submission of the without the statement will result in the return of your ents and delay the processing of the application. my online application: (check all	SEC. VIII Office Use ONLY that apply)
First Aid (must be updated every Completion of Identification	very three years) two years) and Reporting of Chince Prevention and In file for all applicants,	tervention (SAVE) Certification eff. 1/14)	
-	oaches (fourth re	cond renewal), fourth-year coac enewal) [2 nd -4 th renewals]	hes (third
Professional Coaching C Valid First Aid and CPR NFHS Coach Level 1 Certific NFHS Coach Level 2 Certific NFHS Coach Level 3 Certific Internship (30 hours) [Attach	ertificate (good f cate cate cate n NFHS Internship Ev	for three years; sport-specific) valuation and Verification forms] sed coaching (use State evaluation form)	
00001	1 1 1	1 4 4 84 84 8	

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



