

PATHWAY I COVER SHEET

TEMPORARY COACHING LICENSE / PROFESSIONAL COACHING CERTIFICATE

Name: _____ SSN: _____ DOB AND LAST FOUR OF SSN MUST BE ON ALL PAGES!

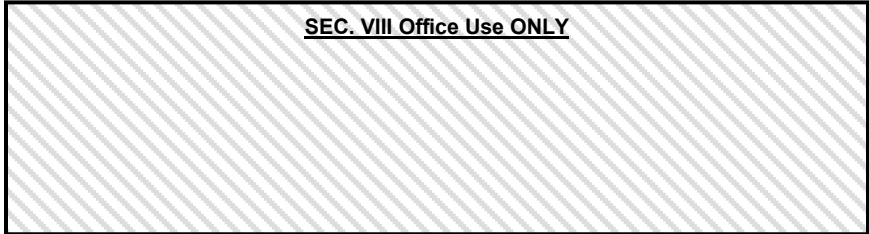
Address: _____ DOB: _____

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)



The following requirements have been completed: (check all that apply)

Requirements for first-time coaching applicants (initial application)

- Superintendent’s statement attesting to valid First Aid and CPR certification
- Completion of Identification and Reporting of Child Abuse Certification
- Completion of School Violence Prevention and Intervention (SAVE) Certification
- DASA Training
- Fingerprint Clearance

Requirements for second-year coaches (first renewal)

- Superintendent’s statement attesting to valid First Aid and CPR certification

Requirements for third-year coaches (second renewal)

- Superintendent’s statement attesting to valid First Aid and CPR certification
- Completion of Philosophy, Principles and Organizations of Athletics in Education

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

- Superintendent’s statement attesting to valid First Aid and CPR certification
- Completion of Health Sciences Applied to Coaching
- Completion of Theory and Techniques (of specific sport)

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

- Superintendent’s statement attesting to valid First Aid/CPR certification and satisfactory evaluations
- Completion of all required coursework

PLEASE NOTE: If it has been more than five years since the initial TCL in this sport was issued, proof of completion of all coursework is required.

COACHES – please complete, attach documentation and **return to your Athletic Director’s office**
ATHLETIC OFFICES – please have the Superintendent’s statement completed, attach cover sheet
(with proof of coaching course completion, where applicable) and send to:

Karen Wohlrab Wood • kwohlrab@nasboces.org

Section VIII Athletics • 71 Clinton Road, Garden City, NY 11530

