PATHWAY II COVER SHEET

TEMPORARY COACHING LICENSE / PROFESSIONAL COACHING CERTIFICATE

Name:		SSN:	DOB AND LAST FOUR OF SSN MUST BE O	N 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 Professional Coaching Certification Professional Coaching Certification	e (renewal) cate		SEC. VIII Office Use ONLY	
The following requirements Requirements for first-time Superintendent's statements Completion of Identification and Completion of School Violence DASA Training Fingerprint Clearance	coaching applicar ent attesting to val nd Reporting of Child	nts (initial app id First Aid a Abuse Certifica	plication) nd CPR certification ation	
Requirements for second-y Superintendent's statements	•	•	nd CPR certification	
Requirements for third-year Superintendent's statement NFHS AIC Level 1 OR NFHS Level 1 and Level 2	•	•	nd CPR certification	
Professional Coaching Cer Superintendent's statement evaluations NFHS Level 1, Level 2, Level NFHS AIC Level 1, CIC Level NFHS AIC Level 1, NFHS Level 1, NF	ent attesting to val 3 Certificates OR 1 2 OR vel 3		port-specific) CPR certification and satisfact	tory

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 **AND** both internship forms are required. See the three options for meeting this requirement listed above (under PCC).

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



