

TO BE COMPLETED BY ATHLETIC DIRECTOR
NON-TEACHER COACHING CHECK LIST (Option #2 on NFHS)

Name: _____

Sport: _____ Year: _____

First Year – Required prior to coaching

_____ Fingerprinting	_____ Child Abuse Workshop	_____ School Violence Workshop
_____ First Aid	_____ CPR/AED	_____ Concussion Workshop
_____ Apply on TEACH	_____ Evaluation (end of season)	_____ Superintendent Statement
_____ DASA Training	_____ Temporary License	

Required prior to 2nd year of coaching

_____ First Aid	_____ CPR/AED	_____ Evaluation (end of season)
_____ Apply on TEACH		

Required prior to 3rd year of coaching

_____ Temporary License #3	_____ First Aid	_____ Evaluation (end of season)
_____ CPR/AED	_____ CPR/AED	_____ Send COMPLETED packet to your Certification Officer
_____ Apply on TEACH	_____ Superintendent Statement	_____ NFHS – AIC Level 1 Cert.

NFHS Completion of the following Accredited Interscholastic Coach (AIC Level 1) Course Requirements on: www.nfhslearn.com

_____ Fundamentals of Coaching	_____ One Sport Specific Course of Your Choice
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Required prior to 4th year of coaching – Professional License renewed every 3 years

_____ First Aid	_____ Superintendent Statement	_____ Send COMPLETED packet to your Certification Officer
_____ CPR/AED	_____ 3 Evaluation (end of season)	
_____ Apply on TEACH	_____ NFHS – CIC Level 2 Cert.	

NFHS Completion of the following Accredited Interscholastic Coach (CIC Level 2) Course Requirements on: www.nfhslearn.com

_____ Fundamentals of Coaching (was included already in AIC)	_____ One Sport Specific Course of Your Choice (was included already in AIC)
_____ Creating Safe & Respectful Environment	_____ Second Sport Specific Course of Your Choice **
_____ Engaging Effectively with Parents	_____ Third Sport Specific Course of Your Choice **
_____ Heat Illness	_____ Internship in Sport (30 hr. minimum), one week practice plan for sport specific, parent, meeting agenda, and team rules.
_____ Strength & Conditioning	_____ Teaching & Modeling Behavior
_____ Sports Nutrition	_____ Sportsmanship
	_____ Send COMPLETED packet to your Certification Officer

Renewals issued with paid applications, and evidence of satisfactory evaluations.

Mail Completed Packet to Appropriate Certification Officer:

Diane Wright – St. Lawrence-Lewis BOCES School Districts or James Jock – Franklin-Essex-Hamilton BOCES School Districts

**** Required if you coach more than one sport.**

NOTE: By the end of year five (5) all must be complete.