

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

Name: _____

Sport: _____ Year: _____

First Year – Required prior to coaching

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|----------------------------|----------------------------------|
| _____ Fingerprinting | _____ School Violence Workshop |
| _____ First Aid | _____ Concussion Workshop |
| _____ CPR/AED | _____ Evaluation (end of season) |
| _____ Child Abuse Workshop | |

Required prior to 2nd year of coaching

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| _____ First Aid | _____ CPR/AED | _____ Evaluation (end of season) |
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Required prior to 3rd year of coaching

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| _____ First Aid | _____ Evaluation (end of season) |
| _____ CPR/AED | _____ Send COMPLETED packet to your Certification Officer |
| _____ NFHS – AIC Level 1 Cert. | |

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

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|--------------------------------|--|
| _____ 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

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

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

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| _____ 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 | _____ Send COMPLETED packet to your Certification Officer |
| | _____ Sportsmanship |

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.