

TEMPORARY AND PROFESSIONAL COACHING LICENSE CHECKLIST
Please submit this form and all supporting documents to: OCM BOCES
USPS MAIL: OCM BOCES, Attn: Certification, P.O. Box 4754, Syracuse, NY 13221
EMAIL: certification@ocmboces.org FAX: (315)433-2650

Name: _____
Sport: _____

DOB: _____
District: _____

I have completed an application on TEACH (www.highered.nysed.gov/tcert) for:

_____ **Temporary Coaching License - Valid for one year**

- | | |
|---|---|
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Child Abuse Workshop |
| <input type="checkbox"/> CPR | <input type="checkbox"/> School Violence Workshop |
| <input type="checkbox"/> Superintendent's Statement | <input type="checkbox"/> DASA Workshop |
| <input type="checkbox"/> Fingerprint Clearance | |

_____ **Temporary Coaching License 1st Renewal -Valid for one year**

- | | |
|---|---|
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Child Abuse Workshop |
| <input type="checkbox"/> CPR | <input type="checkbox"/> School Violence Workshop |
| <input type="checkbox"/> Superintendent's Statement | <input type="checkbox"/> DASA Workshop |
| <input type="checkbox"/> Fingerprint Clearance | |

_____ **Temporary Coaching License 2nd-4th Renewal -Valid for one year**

- | | |
|---|---|
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Child Abuse Workshop |
| <input type="checkbox"/> CPR | <input type="checkbox"/> School Violence Workshop |
| <input type="checkbox"/> Superintendent's Statement | <input type="checkbox"/> DASA Workshop |
| <input type="checkbox"/> Fingerprint Clearance | |

Select Pathway: **Individual Evaluation Pathway** OR **NFHS Pathway**
 PPOA Course AIC-Level 1 Certification

_____ **Professional Coaching License - Valid for three years**

- | | |
|---|---|
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Child Abuse Workshop |
| <input type="checkbox"/> CPR | <input type="checkbox"/> School Violence Workshop |
| <input type="checkbox"/> Superintendent's Statement | <input type="checkbox"/> DASA Workshop |
| <input type="checkbox"/> Fingerprint Clearance | <input type="checkbox"/> Coaching Evaluations – 3 Years |

Select Pathway: **Individual Evaluation Pathway** OR **NFHS Pathway**
 PPOA Course AIC-Level 1 Certification
 Health & Sciences Course CIC-Level 2 Certification
 T&T (Sport Specific) Course Sport Specific Internship

_____ **Professional Coaching License Renewal - Valid for three years**

- | | |
|---|---|
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Child Abuse Workshop |
| <input type="checkbox"/> CPR | <input type="checkbox"/> School Violence Workshop |
| <input type="checkbox"/> Superintendent's Statement | <input type="checkbox"/> DASA Workshop |
| <input type="checkbox"/> Fingerprint Clearance | <input type="checkbox"/> Coaching Evaluations – 3 Years |

Select Pathway: **Individual Evaluation Pathway** OR **NFHS Pathway**
 PPOA Course AIC-Level 1 Certification
 Health & Sciences Course CIC-Level 2 Certification
 T&T (Sport Specific) Course Sport Specific Internship

A certified teacher does not need to apply for a Temporary and/or a Professional Coaching License.

If the coaching licenses are not issued successively, the PPOA course or NFHS - AIC Level 1 course must be completed within two (2) years of the issuance of the Temporary Coaching License. The H&S and T&T (sport specific) courses or the NFHS - CIC Level 2 course must be completed within five (5) years of the issuance of the Temporary Coaching License.

Disclaimer: This checklist is intended to serve as a guide to assist in the certification process according to the Regulations of the New York State Commissioner of Education and is not intended to provide a final, definitive interpretation of those regulations, nor a final evaluation of credentials and experience in individual cases.