

Coaching Checklist
Orange-Ulster BOCES, 53 Gibson Road, Goshen, NY 10924
845-291-0100 Ext 10124

Please make sure all requirements have been met and the last 4 digits of social security number and date of birth are written on each document before sending any documentation to this office.

All applicants must have fingerprint clearance through NYSED,

DATE: _____ **School District** _____

Applicant's Name: _____

Applicant's SSN: _____ **Applicant's DOB:** _____

Temporary sport: _____

- | | |
|---|---|
| <input type="checkbox"/> Valid Acceptable First Aid | <input type="checkbox"/> Valid Acceptable CPR Certification |
| <input type="checkbox"/> Workshop-Child Abuse | <input type="checkbox"/> Workshop-School Violence |
| <input type="checkbox"/> School District Recommendation | <input type="checkbox"/> Workshop-Dignity for All Students Act (DASA) |

1st Renewal sport: _____

- | | |
|---|---|
| <input type="checkbox"/> Valid Acceptable First Aid | <input type="checkbox"/> Valid Acceptable CPR Certification |
| <input type="checkbox"/> School District Recommendation | <input type="checkbox"/> Coursework if over 5 years |
| <input type="checkbox"/> Workshop-Dignity for All Students Act (DASA) | |

2nd – 4th Renewal sport: _____

- | | |
|---|--|
| <input type="checkbox"/> Valid Acceptable First Aid | <input type="checkbox"/> Valid Acceptable CPR Certification |
| <input type="checkbox"/> Workshop-Dignity for All Students Act (DASA) | <input type="checkbox"/> Philosophy, Principles and Organization of Athletics in Education |
| <input type="checkbox"/> School District Recommendation | <input type="checkbox"/> Coursework if over 5 years |

Professional Coaching License sport: _____

- | | |
|--|---|
| <input type="checkbox"/> Workshop-Dignity for All Students Act (DASA) | |
| <input type="checkbox"/> Valid Acceptable First Aid | <input type="checkbox"/> Valid Acceptable CPR Certification |
| <input type="checkbox"/> Health Sciences Applied to Coaching | <input type="checkbox"/> Theory & Techniques of Coaching – Sport Specific |
| <input type="checkbox"/> Three Years of Experience as a NY Licensed Coach -Sport Specific (must see three years experience under valid coaching licenses reported on TEACH <u>or</u> copies of three evaluations during valid coaching licenses.) | |

Professional Coaching License Renewal sport: _____

- | | |
|---|---|
| <input type="checkbox"/> Valid Acceptable CPR Certification | <input type="checkbox"/> Valid Acceptable First Aid |
| <input type="checkbox"/> Satisfactory Evaluation - Sport Specific - 3 Yrs | <input type="checkbox"/> Workshop-Dignity for All Students Act (DASA) |

Email to nohemi.munoz@ouboces.org

or Fax 845-291-0565

Rev. 10/1/21

Satisfactory completion of all certification requirements is subject to the final approval of the New York State Education Department, Office of Teaching Initiatives.