

APPLICATION FOR COACHING COURSE EQUIVALENTS

INSTRUCTIONS: *Please print legibly or type all information. This application is a request for the State Education Department to give credit for equivalents to the coaching courses required by the Regulations of the Commissioner of Education, Section 135.4 in lieu of attending courses offered by approved agencies.*

To: **Physical Education, State Education Department, Room 860 EBA Albany, New York 12234**

From: Name _____ Soc. Sec. # Last 4 Digits _____

Address _____

City _____ State _____ Zip _____

Home Phone () - _____ Work Phone () - _____ (ext) _____

Email _____ Date of Birth _____

1. Do you hold a New York State Teaching Certificate? Yes ___ No ___
If Yes, in what subject? _____ Type _____
Effective Date ____/____/____ Certificate Number _____

2. Are you currently employed as a coach? Yes ___ No ___
If Yes, School Name _____
Address _____ City _____
State _____ Zip _____ Phone () - _____
Director of Physical Education/Athletics _____
Date appointed ____/____/____

3. Courses requested to be met by Equivalent Experience:

___Philosophy, Principles and Organization of Athletics in

___Education Health Sciences Related to Coaching

___Theory and Techniques of Coaching _____
Sport

List equivalents related to the courses below **and attach copies** of transcripts, course descriptions, clinics attended with certificates of participation, or other verification of equivalents:

A. Philosophy, Principles and Organization

B. Health Sciences Related to Coaching

C. Theory and Techniques of Coaching (specific to the sport coached)

I declare and affirm that the statements made in the foregoing application, including accompanying statements and transcripts, are true and correct.

Signature of Applicant

_____/_____/_____
Date

FOR BUREAU USE ONLY

Approved _____/_____/_____

Disapproved _____/_____/_____

Returned for Clarification _____/_____/_____

Signed _____