

# COACHING COURSE EXTENSION APPLICATION

**INSTRUCTIONS:** *Please print legibly or type all information. This application is a request for the State Education Department to give an extension of time to meet the coaching courses required by the Regulations of the Commissioner of Education, Section 135.4.*

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. District where you coach: \_\_\_\_\_  
Director of Physical Education/Athletics: \_\_\_\_\_  
Date first appointed as coach:        /        /        Sport(s):

3. Coaching courses **completed** and the agency where courses were taken:  
 Philosophy, Principles and Organization of Athletics in Education: \_\_\_\_\_  
 Health Sciences Related to Coaching: \_\_\_\_\_  
 Theory and Techniques of Coaching (Sport): \_\_\_\_\_  
 NFHS AIC Level 1: \_\_\_\_\_  
 NFHS CIC Level 2: \_\_\_\_\_

4. Reasons for requesting an extension:

5. Plans for completing courses (indicate dates and locations). Please include supporting documents for enrollment in such courses.

Philosophy, Principles and Organization of Athletics in Education: \_\_\_\_\_

Health Sciences Related to Coaching: \_\_\_\_\_

Theory and Techniques of Coaching (Sport): \_\_\_\_\_

NFHS AIC Level I: \_\_\_\_\_

NFHS CIC Level 2: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**FOR BUREAU USE ONLY**

*Approved* \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*Disapproved* \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*Returned for Clarification* \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*Signed* \_\_\_\_\_