

*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) |

**1<sup>st</sup> 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) |   |

**2<sup>nd</sup> – 4<sup>th</sup> 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 <b><u>OR</u></b> |
| <input type="checkbox"/> School District Recommendation               | <input type="checkbox"/> NFHS AIC Level 1 Completion  |
|   | <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 CPR Certification                                |
| <input type="checkbox"/> Valid Acceptable First Aid  | <input type="checkbox"/> Theory & Techniques of Coaching – Sport Specific <b><u>OR</u></b> |
| <input type="checkbox"/> Health Sciences Applied to Coaching   | <input type="checkbox"/> NFHS CIC Level 2 Completion                                       |
| <input type="checkbox"/> Three Years of Experience as a NY Licensed Coach -Sport Specific ( <b>must see three years experience under valid coaching licenses reported on TEACH <u>or</u> copies of three evaluations during valid coaching licenses.</b> ) |  |

**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](mailto:nohemi.munoz@ouboces.org) or Fax 845-291-0565 Rev. 9/6/22

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