

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 _____