

PLEASE ATTACH ALL SUPPORTING DOCUMENTS WITH A PAPER CLIP. DO NOT STAPLE!
MAIL : 53 GIBSON ROAD, GOSHEN, NY 10924
FAX: 845-291-0129

Coaching License Application Cover Sheet ORANGE-ULSTER BOCES

(ALL information is required for processing of applications. Please do not leave any blanks.)

District Submitting Documents _____ Date Submitted _____

Name of Applicant _____

Date of Birth _____ Social Security # _____

Type of application:

Temporary

Temporary Renewal

Professional

Professional Renewal

Check All Supporting Documents Attached:

___ Valid First Aid Certification

___ Valid CPR/AED Certification

___ CARR Workshop Certificate

___ SAVE Workshop Certificate

___ Course 1 Certificate

___ Coaching Evaluations

___ Course 2 Certificate

___ Course 3 Certificate

Please verify the following:

___ A paid application is on file in TEACH for the above- named individual

___ Applicant has OSPRA Fingerprint Clearance

___ Superintendent statement has been completed (if applicable)

Effective date requested: **9/01** OR **2/01**

Signature of Athletic Director/Designee _____