



## COACHING CERTIFICATION PROGRAM PRACTICAL EXPERIENCE FORM

In order to qualify for the practical component of the National Coaching Certification Program, you must fulfill the following coaching requirements.

**NOTE: Your Practical Experience Form must be verified by an approved validator. Football Canada only accepts verification from your league President, Principal or Athletic Director.**

Requirements:

- Level 1 One year of coaching (**one complete season**) after successful completion of the Level 1 Technical and Theory courses.
- Level 2 Three years of coaching as an Assistant or Head Coach and successful completion of Level 2 Technical and Theory courses, one year of coaching **must** follow completion of the technical and theory components (Level 1 year counts as one of the three years for Level 2).
- Level 3 Five years of coaching as an Assistant or Head Coach and successful completion of Level 3 Technical and Theory courses, one year of coaching **must** follow completion of the technical and theory components (Level 2 years count as three of the five years of Level 3).

### COACH'S PERSONAL INFORMATION

Surname_____ Name_____	
Address (No. & Street)_____	
City_____	Province_____
Postal Code ___/___/___ --- ___/___/___	
Telephone (____)_____	(B)
(____)_____	(H)
E-Mail_____	
Coaching Certification I.D.#_____	

### COACHING HISTORY

1. How many years have you actively been coaching football?\_\_\_\_\_
2. What is the most recent year you have coached?\_\_\_\_\_
3. Name of team and league you are presently coaching with:  
Team:\_\_\_\_\_
- League:\_\_\_\_\_
4. What is the age group of the athletes which you coach?  
(circle)  
Under 10   10-12   13-15   16-18   19-22   open  
Minor   High School   junior   senior   varsity  
Community college   University   Junior  
Senior   Other\_\_\_\_\_
5. Are you a member of your Provincial Football Association?  
Yes\_\_\_\_\_ No\_\_\_\_\_

Practical Level being applied for   1   2   3

### COURSE INFORMATION

Most recent technical course Level   1   2   3  
Date\_\_\_\_\_ Location\_\_\_\_\_

Most recent theory course Level   1   2   3  
Date\_\_\_\_\_ Location\_\_\_\_\_

<b>STATEMENT OF VERIFICATION</b>	
I, _____ as _____ of _____	
(Print Name)	(League President, Principal, Athletic Director) (League, School)
certify that the information provided is a true representation of coaching experience. _____	
	Signature
Once completed, this form is to be returned to your Provincial Governing Body:	
National Office Verification _____	Signature