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.#_____

Practical Level being applied for 1 2 3

COURSE INFORMATION

Most recent technical course Level 1 2 3
Date_____ Location_____
Instructor_____

Most recent theory course Level 1 2 3
Date_____ Location_____
Instructor_____

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_____

STATEMENT OF VERIFICATION

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