



Mark Tabrum

Director, Coaching Education Program

1775 Bob Johnson Drive | Colorado Springs, CO 80906-4090
phone 719.576.8724, Ext. 185 | fax 719.538.1160 | email markt@usahockey.org

USA Hockey Coach:

Thank you for your interest in the sport of ice hockey and for dedicating your time to coaching the young players of our great sport.

Welcome to USA Hockey's coach clinic registration tool, IntraLearn. We are excited about the future of this Learning Management System that will eventually lead to online learning opportunities. Currently the system will serve as a way to register for our classroom coaching clinics and it will track your completion of those clinics provided you register for the clinic online. We thank you in advance for your patience during this transition period.

Thank you for being a part of the USA Hockey family. We look forward to working with you during your coaching experience.

Sincerely,

A handwritten signature in black ink that reads "Mark Tabrum".

Mark Tabrum
Director, Coaching Education Program



USA Hockey, the national governing body for the sport of ice hockey, is a member of the International Ice Hockey Federation and the United States Olympic Committee



Table of Contents

Eligibility Rules for USA Hockey Coaching Clinics	3
Transfer Policy for All Coaching Clinics	4
Refund Policy for All Coaching Clinics	4
How to Find a Coaching Clinic	5
Creating a Username & Password at www.usahockey.com	6
What if I forget my username?	7
What if I forget my password?	7
Registering for a Clinic	8
Questions and Problems	14

Eligibility Rules for USA Hockey Coaching Clinics

Level 1

No prerequisites

Level 2

Successful completion of Level 1 clinic

Level 3

Successful completion of Level 1 clinic

Successful completion of Level 2 clinic

Level 4

Successful completion of Level 1 clinic

Successful completion of Level 2 clinic

Successful completion of Level 3 clinic

Level 5

Successful completion of Level 1 clinic

Successful completion of Level 2 clinic

Successful completion of Level 3 clinic

Successful completion of Level 4 clinic

Skills Workshop

No prerequisites to attend

Certification credit based on the rules of the clinic established by the instructor

High Performance Workshop

No prerequisites to attend

Certification credit based on the rules of the clinic established by the instructor

Transfer Policy for All Coaching Clinics

- Registrants for Levels 1-3 will be allowed to transfer their clinic fee to another posted, open clinic up to 48 hours before the start of the originally scheduled clinic. Transfers can only occur between clinics of the same level and only to clinics held during the same clinic season. We cannot hold money until more clinics are posted.
 - Please send the date, city, state, and level of the original clinic and the clinic you want to transfer into to Alison Raines at alisonr@usahockey.org.
- Level 4 and 5 clinic fees are non-transferable and will be subject to the refund rules below.

Refund Policy for All Coaching Clinics

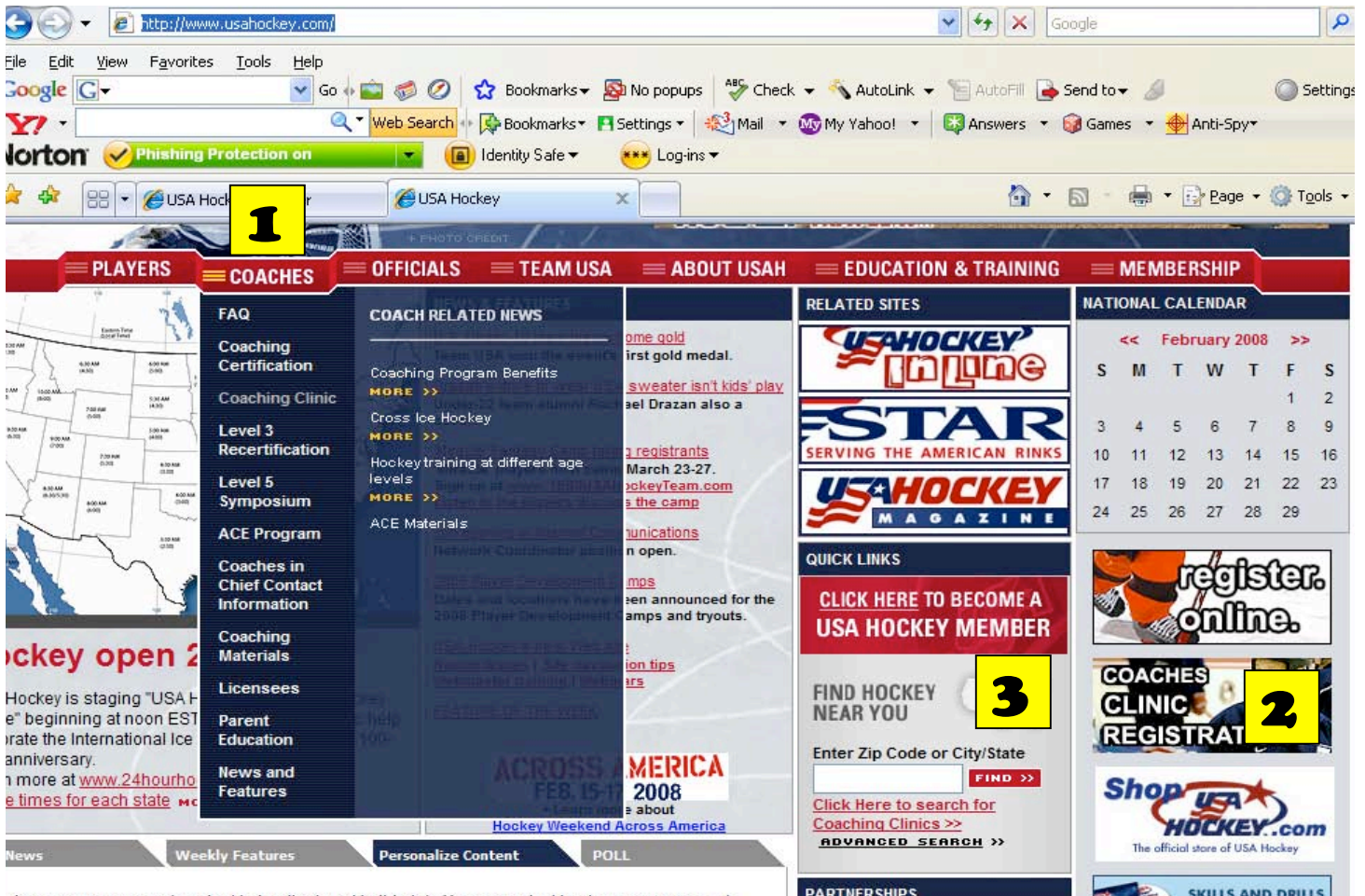
- A processing fee of \$10 will be deducted from all credits/refunds.
- A full refund, minus the processing fee, will be granted if requested in writing at least two weeks before the start of the original clinic.
- A 50% refund, minus the processing fee, will be granted if requested in writing 2-14 days before the start of the original clinic.
- No refunds or transfers will be granted if the request is made within 48 hours of the start of the originally scheduled clinic or after the originally scheduled clinic has started.
- All refund requests require the date of the original online transaction and the transaction ID. Both of these items can be found on the Clinic Confirmation Receipt you receive immediately after registering and the confirmation e-mail.

How to Find a Coaching Clinic

From the www.usahockey.com homepage

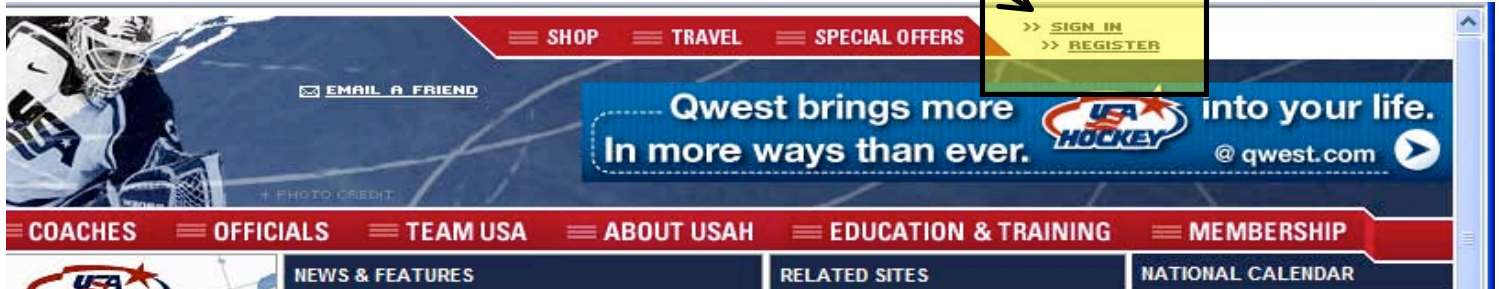
1. Select “Coaching Clinics” under “Coaches”.
2. Select the “Coaches Clinic Registration” Banner.
3. Select “Click Here to Search for Coaching Clinics” in Find Hockey Near You.

Selecting any of the options will take you to the Clinic Catalog page seen on the next page.



Creating a Username & Password at www.usahockey.com

All coaches who register for a coaching clinic online are required to register on usahockey.com and create a username and password. This is **NOT** the same as registering online for your USA Hockey membership.



Tips for creating your USA Hockey.com profile to register for a coaching clinic:

- Your name, date of birth and zip code must match the USA Hockey database in order for your certification information to be applied to your database record.
- If you are a previous USA Hockey member, please use the same name and date of birth that appears on your Participant Membership Card. This will ensure your records are maintained together and not creating multiple records in our database.
- If you don't have a membership card, check the online certification list and use the name listed there.
- The zip code that appears on the online certification list must match your profile zip code as well. If the zip code is incorrect, please send address corrections to addresschange@usahockey.org. If the certification information is incorrect, follow these instructions for updating your information.
 - If your name does not appear on the coaches list or the information does not accurately reflect your current certification level please fax or email a copy of the front and back of your Coaching Education Program card. Please ensure the CEP number, your name, and certification stickers are all visible and legible. Also include your full name, date of birth, current address, telephone number, and email address. Please send to Alison Raines via fax at 719-538-1160 or email to alisonr@usahockey.org

What if I forget my username?

Please send an e-mail with your full name, address and date of birth to coachclinics@usahockey.org to receive your username. Please type “USA Hockey Username” in the subject line.

What if I forget my password?

If you have forgotten your password, you may enter your username and select the Forgot Password link. A randomly generated password will be sent to the e-mail address associated with your account. You will be required to update your password upon your next successful log in.

Registering for a Clinic

You can search for a clinic by any or all of the following fields. The fewer the fields with information, the more clinics returned in the results.

Clinic Level: Select a level from the dropdown list

District: Enter the district where you wish to attend a clinic (Alaska, Atlantic, Central, Massachusetts, Michigan, Mid-American, Minnesota, New England, New York, Northern Plains, Pacific, Rocky Mountain, Southeastern)

Date: Enter date of the clinic as mm/dd/year

City: Enter the city where you wish to attend a clinic

State: Select a state from the dropdown list

Zip: Enter the zip code where you wish to attend a clinic

Select the clinic you wish to attend from the list by checking on the clinic title:

PLAYERS COACHES OFFICIALS TEAM USA ABOUT USAH EDUCATION & TRAINING

Clinic Catalog

Search for Coaching Clinics

Clinic Level	District	Date
Select	southeastern	
City	State	Zip
	Select	

SEARCH

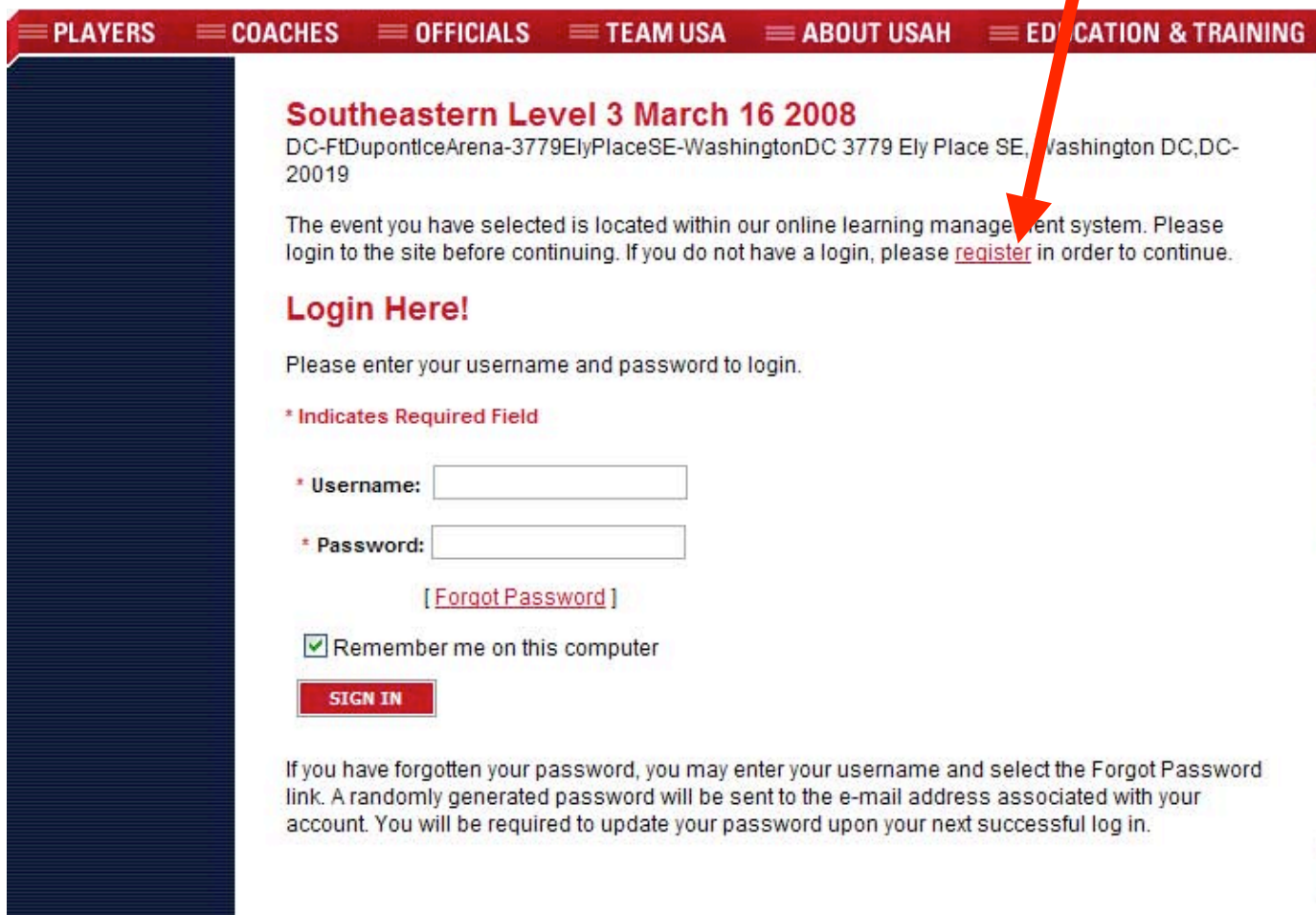
Coach Results Results per page 25

Level	Title	Clinic Date	City	State	Zip	District
CEP Level 1	Southeastern Level 1 March 15 2008	3/15/2008 - 3/15/2008	Washington DC	DC	20019	Southeastern
CEP Level 2	Southeastern Level 2 March 15 2008	3/15/2008 - 3/15/2008	Washington DC	DC	20019	Southeastern
CEP Level 3	Southeastern Level 3 March 16 2008	3/16/2008 - 3/16/2008	Washington DC	DC	20019	Southeastern
CEP Level 4	Southeastern Level 4 May16-18 2008	5/16/2008 - 5/18/2008	Dullles	DC	20166	Southeastern
CEP Level 4	Southeastern Level 4 August 15-17 2008	8/15/2008 - 8/17/2008	Tampa	FL	33607	Southeastern

5 Records Found |< < 1 > >|

After selecting the clinic title, if you are not already logged into the usahockey.com website, you will be asked to do so. Sign in with your user name and password, or click on *Register* in order to create a profile.

All coaches registering for clinics are required to create a usahockey.com profile. See pages 5-6 for more information on creating a profile.



PLAYERS **COACHES** **OFFICIALS** **TEAM USA** **ABOUT USAH** **EDUCATION & TRAINING**

Southeastern Level 3 March 16 2008

DC-FtDupontIceArena-3779ElyPlaceSE-WashingtonDC 3779 Ely Place SE, Washington DC,DC-20019

The event you have selected is located within our online learning management system. Please login to the site before continuing. If you do not have a login, please [register](#) in order to continue.

Login Here!

Please enter your username and password to login.

*** Indicates Required Field**

* Username:

* Password:

[\[Forgot Password \]](#)

Remember me on this computer

SIGN IN

If you have forgotten your password, you may enter your username and select the Forgot Password link. A randomly generated password will be sent to the e-mail address associated with your account. You will be required to update your password upon your next successful log in.

After you log in, you are taken to the clinic Overview page. From this screen you can do any of the following:

1. View *Overview* of the clinic
 - Click *Overview* to return to this page if you elect to view Instructor information or Sessions/Locations
2. View *Instructor* information
 - Includes phone number and e-mail address
3. View *Sessions/Locations* of the clinic
4. Enroll in the clinic
 - Enrollment information provided on the next few pages.
5. View your history within the IntraLearn tool (Your previous clinics registered for and attended will not appear)
 - View clinics registered for
 - View clinics attended provided you registered online using IntraLearn
6. Search for more coaching clinics

≡ PLAYERS
≡ COACHES
≡ OFFICIALS
≡ TEAM USA
≡ ABOUT USAH
≡ EDUCATION & TRAINING
≡ MEMBERSHIP

Southeastern Level 3 March 16 2008 - DC-FtDupontIceArena-3779ElyPlaceSE-WashingtonDC 3779 Ely Place SE, Washington DC,DC-20019 - Mar 16 2008

Overview **1**
Instructor **2**
Sessions/Locations **3**

[Click Here to Enroll in this event](#)
[My History page](#)
[Search for more Coaching Clinics](#)

4
5
6

REGISTRATION RULES AND REQUIREMENTS

Level 1: No Prerequisites Level 2: Registrant has completed Level 1; or is registered for a Level 1 clinic that will occur at least one day prior to the start of the Level 2 clinic Level 3: Registrant has completed Levels 1 and 2; or is registered for a Level 1 and/or Level 2 clinic that will occur prior to the start of the Level 3 clinic Level 4: Registrant has completed Levels 1, 2, and 3 Level 5: Registrant has completed Levels 1, 2, 3, and 4 Level AC: See Additional Info Level HP: See Additional Info Level SW: See Additional Info USA HOCKEY'S REFUND POLICY A processing fee of \$10 will be deducted from all credits/refunds. A full refund, minus the processing fee, will be granted if requested in writing at least two weeks before the start of the original clinic. A 50% refund, minus the processing fee, will be granted if requested in writing 2-14 days before the start of the original clinic. Registrants for Levels 1-3 will be allowed to transfer their clinic fee to another clinic up to 48 hours before the start of the originally scheduled clinic. Transfers can only occur between clinics of the same level. Please send the date, city, state, and level of the original clinic and the clinic you want to transfer into to Alison Raines at alisonr@usahockey.org. Level 4 and 5 clinic fees are non-transferable and will be subject to the above refund rules. No refunds or transfers will be granted if the request is made within 48 hours of the start of the originally scheduled clinic or after the originally scheduled clinic has started. ALL REFUND REQUESTS REQUIRE THE DATE OF THE ORIGINAL ONLINE TRANSACTION AND THE TRANSACTION ID. Both of these items are found on the Clinic Confirmation Receipt you receive immediately after registering. You are asked to print out this receipt and keep for your records. NO REFUNDS WILL BE PROCESSED WITHOUT THIS RECEIPT.

CATEGORY
CEP Level 3

TYPE
Coaching Clinic

MAX SEATS
35

TOTAL ENROLLMENT
1

SEATS REMAINING

4. Enroll in the clinic

Most of the information will be pre-populated from the information you provided in your usahockey.com profile. Additional information is required so please be sure to fill in all blanks with a red asterisk. You will not have a CEP # until after you attend the Level 1 clinic, please leave it blank if you do not have already have a number.

PLAYERS **COACHES** **OFFICIALS** **TEAM USA** **ABOUT USAH** **EDUCATION & TRAINING** **MEMBERSHIP**

Event : Southeastern Level 1 March 15 2008 - DC-FtDupontIceArena-3779ElyPlaceSE-WashingtonDC 3779 Ely Place SE, Washington DC,DC-20019 - Mar 15 2008

* First Name:

* Last Name:

* E-mail:

* Confirm E-mail:

* Address:

* City:

* State/Province: MD * Zip Code:

* Country: USA

* Phone #: (1-999-999-9999)

Fax #: (1-999-999-9999)

* Date of Birth:

* Gender:

* Citizenship: USA

CEP #:

[Privacy Statement](#) | [Terms of Use](#) | [Site Map](#) | [FAQ](#) | [Contact Us](#) © 2001 - 2008 USA Hockey, Inc. All Rights Res

Click *Next* to continue with the registration process.

Click *Confirm* if you wish to continue registering for this clinic. Click *Cancel* if you no longer wish to enroll in this clinic.

You have chosen to purchase the following courses. Please review your selections. You can change any selection by updating the listing below. To proceed to the next step, click Confirm. If you wish to quit and return to the home page, click Cancel.

Confirm Cancel

Course Title	Price
CEP Level 3	
Southeastern Level 3 March 16 2008 - DC-FtDupontIceArena-3779ElyPlaceSE-WashingtonDC 3779 Ely Place SE, Washington DC,DC-20019 - Mar 16 2008 (Southeastern3Level031608_25)	\$50.00
Total :	
\$50.00	

Confirm Cancel

After clicking *Confirm*, you will be taken to the page to enter your credit card information. You will not see this page if you are registering for a clinic with no charge.

Welcome Back Matthew! Please provide your payment information in the form below. By providing this information, you authorize us to process payment for this transaction. We are committed to protecting your personal information. We do not store credit card information. All information is strictly used for payment purposes only.

Payment Information

* Payment Method * Cardholder Name

* Credit Card No. * Card Expiration (mm/yy)

Instructions **Leave this field blank—no information needed**

Finish Cancel

Click *Finish* to complete your registration. Click *Cancel* if you no longer wish to enroll in this clinic.

After clicking *Finish* you will see a registration statement. **PRINT THIS PAGE FOR YOUR RECORDS.** You will receive this information via e-mail as well, but please print this page for proof of payment and clinic information.

From this page, you can either

1. Return to the USA Hockey coaching home page, or
2. Return to the clinic catalog to register for subsequent clinics if your district permits you to attend more than one clinic in a season.

Registration Statement

Registration complete! To maintain a copy of this transaction for your records, please print this page using your browser's print feature.

Personal Information

First Name: Last Name:

Payment Information

Transaction ID: **This number REQUIRED for refunds**

Order Date: Feb 12 2008 11:14 AM

Payment Method: Visa

Credit Card No.:

Expiration Date: 10/10

Instructions:

Course Information

Code	Title	Price
Southeastern3Level031608_25	Southeastern Level 3 March 16 2008 - DC-FtDupontIceArena-3779ElyPlaceSE-WashingtonDC 3779 Ely Place SE, Washington DC,DC-20019 - Mar 16 2008	\$50.00

Total Cost: **\$50.00**

Print this page

[Return to the USA Hockey Coaching home page](#) | [To register for another clinic, click here to return to the Clinic Catalog.](#)

1

2

Questions and Problems

If you have questions regarding your coaching certification or status, please view the Frequently Asked Questions under Coaches at www.usahockey.com
http://www.usahockey.com//Template_Usahockey.aspx?NAV=CO_01&ID=19440

If your question about certification or your status is not answered, please contact Alison Raines at alisonr@usahockey.org.

If you have questions about the IntraLearn registration process or tool, please send an e-mail to coachclinics@usahockey.org. Please include as much information as possible regarding any error messages you have received. Please also include your full name and the clinic you are trying to register for and a way to contact you should we have further questions.