

**COACH’S CHECK LIST**

* Coach’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CEP #: \_\_\_\_\_\_\_\_\_
* Registered as a COACH.
* Coach’s CURRENT CLINIC LEVEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Coach needs the following CLINIC:
  + Level 1
  + Level 2
  + Level 3
  + Level 4
  + 5 Credit Hours
* Coach needs the following AGE-SPECIFIC MODELS:
  + 8U
  + 10U/12U
  + 13+
* SAFESPORT CERTIFICATION (every year):
  + Completed
  + Needs to complete
    - Renewal Course
    - Complete Course
* BACKGROUND CHECK (every two years)