

**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)