

Verification of Completion of a Sport Specific Internship for NYS Athletic Coaches using the NFHS Pathway

Instructions for the Coaching Candidate

Please complete Section I with your information and request your internship evaluator complete section 2 and return the form directly to the Office of Teaching Initiatives.

Instructions for the Coaching Internship Evaluator

Please complete Section II. This form must be completed by the person that evaluated this coaching candidate. The form must be completed and submitted directly to the Office of Teaching Initiatives by mail to:

New York State Education Department
Office of Teaching Initiatives
89 Washington Ave
Albany, NY 12234

Section I:

First Name:	Last Name:	Middle Initial:	
Street Address:	City:	State:	Zip Code:
Date of Birth: ____ / ____ / ____	Last 4 Digits of the Social Security Number: _____		

Section II

The coach identified above has completed an internship for: _____
Sport

Date internship complete: ____ / ____ / ____
mo day year

Attestation:

The undersigned hereby attests that he/she is the Internship evaluator of the above-described certification candidate. The coaching candidate has demonstrated the competencies as listed on the Internship Evaluation form and meets or exceeds expectations. See link: <http://www.p12.nysed.gov/ciai/pe/toolkit.html> The Internship Evaluation Form is found under the heading **Athletics and Coaching**.

School District/Agency/Organization Name: _____

Address: _____

Phone number: _____ Email: _____

Signature Internship Evaluator: _____

Printed Name of the Internship Evaluator: _____

Title/Position of the Internship Evaluator: _____

Date: ____ / ____ / ____
mo day year