

# 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