



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
 - _____ Continuing Education Credit Hours
- Coach needs the following AGE-SPECIFIC MODELS:
 - 8U
 - 10U/12U
 - 13+
- SAFESPORT CERTIFICATION (every year):
 - Completed
 - Needs to complete
 - Refresher Training 1
 - Refresher Training 2
 - Refresher Training 3
 - Complete Course
- BACKGROUND CHECK (every two years)