



APPLICATION FOR TEMPORARY EMERGENCY COACHING PERMIT

PART I: PERSONAL INFORMATION (Print all information in blue ink and in uppercase letters.)

Grid for LAST NAME

LAST NAME

Grid for FIRST NAME

FIRST NAME

MI

MI

GENDER

GENDER

Grid for SOCIAL SECURITY NUMBER

SOCIAL SECURITY NUMBER

Grid for BIRTH DATE

BIRTH DATE (Month-Day-Year) - Required

Grid for ADDRESS (Street)

ADDRESS (Street)

Grid for Apt. #

Apt. #

Grid for (City)

(City)

Grid for (State)

(State)

Grid for (Zip Code)

(Zip Code)

FORMER LAST NAME(S)

Grid for PHONE (Home)

(Home)

Grid for PHONE (Work)

(Work)

Race/Ethnicity

(Optional)

- 1. Native American
2. Asian/Pacific Islander
3. Black
4. White
5. Hispanic

E-MAIL ADDRESS

- 1. Have you ever been convicted of any crime, excluding minor traffic violations?
2. Have you been dismissed for cause from any position?
3. Have you ever surrendered a professional certificate, license, permit or other credential...

Pursuant to Connecticut General Statutes Section 10-221d, the State Board of Education must submit, periodically, a database of applicants for an initial issuance of a certificate, authorization or permit to the State Police Bureau of Investigation for a criminal history record check.

NOTE: If you answer "YES" to any of the above questions, you must attach a signed statement of explanation. If there are multiple incidents within each question, you must list and explain each separately.



PART II: COMPLETION OF REQUIRED FIRST AID COURSE

The first aid course must have been completed with **1 year** prior to the date of application. Please sign your first aid card and attach: (1) a photocopy of both the front and back of the first aid card, or (2) original certificate of completion, to this application.

Name of course completed

Date of completion

PART III: COMPLETION OF REQUIRED CPR COURSE

The CPR course must have been completed within **1 year** prior to the date of application. Please sign your CPR card and attach: (1) a photocopy of both the front and back of the CPR card, or (2) original certificate of completion, to this application.

Name of course completed

Date of completion

PART IV: HIGH SCHOOL INFORMATION

Please attach a copy of your high school diploma or official high school transcript to this application.

PART V: CONCUSSION AND HEAD INJURY TRAINING REQUIREMENT

Attach the original certificate of completion of the concussion and head injury training requirement (Module 15) from the Connecticut Coaching Education Program (CCEP).

PART VI: RENEWAL OF COACHING PERMIT

Complete this section ONLY if you are requesting renewal of the Temporary Emergency Coaching Permit.

- 1. Provide proof of enrollment in an approved coaching course;

OR

- 2. Attach an official transcript verifying the completion of at least two (2) semester hours of credit in an approval coaching course;

OR

- 3. Provide verification of completion of 30 clock hours of instruction in an approved coaching course.

PART VII: APPLICANT ATTESTATION

I have reviewed this application and affirm that the information provided by me on this application and any accompanying documents contains no material misrepresentations, falsifications or omissions and that all the information given by me is true, complete and accurate. I understand that all application and accompanying information may be verified and that any material misrepresentation, falsification or omission may result in the denial or revocation of my certificate(s), permit(s) or authorization(s).

By checking the "I Agree" box, you agree your typed signature is the legal equivalent of your manual signature on this Application.

I Agree.

ORIGINAL SIGNATURE OF APPLICANT:

DATE:

Original Signature Must Be On Form Submitted





PART VIII: EMPLOYING AGENT ATTESTATION

A. Check one: Initial Permit Renewal

I am requesting issuance of a Temporary Emergency Coaching Permit for the _____ school year. This request is made on the basis of my determination that no certified teacher possessing a coaching permit or noncertified individual possessing a coaching permit is available for the position and that the applicant meets all requirements for issuance of the permit. The applicant will be supervised and assisted, as appropriate, by regular observation, guidance and evaluation of performance.

B. For RENEWAL request, also complete this section:

Renewal of the Temporary Emergency Coaching Permit is requested for the following school year: _____

The applicant has served successfully as a coach during the school year: _____

C. Signature of Superintendents or Designee required for all requests:

Signature of Superintendent, Executive Director or Designee
(Original Signature: No Signature Stamps Accepted)

Date

Type or Printed Name of Person Signing Above

Title

Employing Agent

Telephone

Street

E-mail Address

City State Zip Code



ED 186
REV. 7/19
C.G.S. 10-145
C.G.S. 10-145d
C.G.S. 10-149
C.G.S. 10-149b
Regs. 10-145d-424

CONNECTICUT STATE DEPARTMENT OF EDUCATION
Bureau of Educator Standards and Certification
P.O. Box 150471
Hartford, CT 06115-0471
www.ct.gov/sde/cert

**INSTRUCTIONS TO APPLICATION FOR
TEMPORARY EMERGENCY COACHING PERMIT**

Applicant:

For the ISSUANCE of the Temporary Emergency Coaching Permit you must complete and submit the following:

- a. Complete Parts I through V, and Part VII.
- b. Attach a photocopy of your Standard First Aid card, or original certificate of completion, verifying the successful completion of the Standard First Aid course within one year prior to the date of application. **Please remember to sign your Standard First Aid card prior to photocopying.**
- c. Attach a photocopy of your CPR card, or original certificate of completion, verifying the successful completion of the CPR course within one year prior to the date of application. **Please remember to sign your CPR card prior to photocopying.**
- d. Attach a photocopy of your high school diploma or its equivalent. Your official high school transcript may be submitted in lieu of a copy of your diploma.
- e. Attach the **original** certificate of completion of the concussion and head injury training requirement (Module 15) from the Connecticut Coaching Education Program (CCEP).
- f. Return completed application to the superintendent of schools.

For the RENEWAL of the Temporary Emergency Coaching Permit, please complete Parts I, through III, V, through VII.

Employing Agent:

For the ISSUANCE of the Temporary Emergency Coaching Permit:

- a. Complete Part VIII, sections A and C. Please mail application and supporting documentation to the Bureau of Educator Standards and Certification.

For the RENEWAL of the Temporary Emergency Coaching Permit:

- b. Complete Part VIII, sections A, B, and C. Please mail application and supporting documentation to the Bureau of Educator Standards and Certification.