

# 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 by either emailing [TCREGCERT@nysed](mailto:TCREGCERT@nysed) and/or sending 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

## Instructions for the Coaching Internship Evaluator

Please complete Section II. This form must be completed by the person evaluated this coaching candidate. The form must be completed and submitted either by emailing [TCREGCERT@nysed](mailto:TCREGCERT@nysed) and/or sending directly to the Office of Teaching Initiatives by mail to:

New York State Education Department  
Office of Teaching Initiatives  
89 Washington Ave

CID 88 >> BDC 8119205NY 02342540.0) 4388744021553291735248.64086 (1-07-8750811952 5T 695.2 25( A)408  
Sort

: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
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.htm> The Internship Evaluation Form is found under the heading Athletics and Coaching

School District/Agency/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_