



APPLICATION FOR TEMPORARY EMERGENCY COACHING PERMIT

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

Grid of boxes for LAST NAME

LAST NAME

Grid of boxes for FIRST NAME, MI, and GENDER (M/F)

FIRST NAME

MI

GENDER (M/F)

Grid of boxes for SOCIAL SECURITY NUMBER and BIRTH DATE (Month-Day-Year) - Required

SOCIAL SECURITY NUMBER

BIRTH DATE (Month-Day-Year) - Required

Grid of boxes for ADDRESS (Street) and (Apt #)

ADDRESS (Street)

(Apt #)

Grid of boxes for (City)

(City)

Grid of boxes for (State) and (Zip Code)

(State)

(Zip Code)

FORMER LAST NAME(S)

Grid of boxes for PHONE (Home/Cell)

PHONE

(Home/Cell)

Race/Ethnicity

Box for Race/Ethnicity selection

(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? YES NO
2. Have you ever been dismissed for cause from any position? YES NO
3. Have you ever surrendered a professional certificate, license, permit or other credential (including, but not limited to, an education credential); had one revoked, suspended, annulled, invalidated, rejected or denied for cause; or been the subject of any other adverse or disciplinary credential action? YES NO

Pursuant to Connecticut General Statutes Section 10-221d, the State Board of Education must complete a criminal history records check on each applicant for an initial issuance or renewal of a certificate, authorization or permit.

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.

Information on this application is subject to disclosure pursuant to the Freedom of Information Act.



**PART II: COMPLETION OF REQUIRED FIRST AID COURSE**

The first aid course must have been completed within **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 approved coaching course;

**OR**

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

**PART VII: APPLICANT ATTESTATION**

I certify that the information provided by me on this application and any accompanying documents contains no material misrepresentations, falsifications or omissions and that all of 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). I further certify that I have attained the age of at least 18 years.

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

\_\_\_\_\_  
Date

**(Original Signature: No Signature Stamps Accepted)**

Lois Knapton

Superintendent of Schools

\_\_\_\_\_  
Typed or Printed Name of Person Signing Above

\_\_\_\_\_  
Title

Canterbury Public Schools

860-546-6950

\_\_\_\_\_  
Employing Agent

\_\_\_\_\_  
Telephone

45 Westminster Rd

lknapton@canterburypublicschools.org

\_\_\_\_\_  
Street

\_\_\_\_\_  
E-mail Address

Canterbury , CT

06331

\_\_\_\_\_  
City,

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

*Original Signature Must Be On Form Submitted*



ED 186

REV. 3/12

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 – Room 243

Hartford, CT 06115-0471

[www.ct.gov/sde](http://www.ct.gov/sde)

**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.

*Information on this application is subject to disclosure pursuant to the Freedom of Information Act.*