

## Coaching Check Off Sheet

Name: \_\_\_\_\_

Sport: \_\_\_\_\_

Date: \_\_\_\_\_

-Coaching Application \_\_\_\_\_

-Interview with Athletic Director \_\_\_\_\_

-Letters of Recommendation (2) \_\_\_\_\_

-Care & Prevention of Athletic Injuries Course (BCPS) \_\_\_\_\_

-Online Heat Course Certification (nfhslearn.com) \_\_\_\_\_

-Online Concussion Course Certification (nfhslearn.com) \_\_\_\_\_

-Interview with Office of Athletics (non-BCPS employees) \_\_\_\_\_

-BCPS Fingerprinting and Background Check (non-BCPS employees) \_\_\_\_\_