



**Level 400 – High Performance Coach Certification Program Application**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Team/Club Affiliation: \_\_\_\_\_

PSIA/AASI Certifications Level: \_\_\_\_\_ Date Certified: \_\_\_\_\_

Coach Certification Level: \_\_\_\_\_ Date Certified: \_\_\_\_\_

Additional Certifications (Avalanche, WFR, AMGA, etc.)

Organization	Certification Title and Level	Date Certified
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Application Packet Checklist (please attach):

- \_\_\_\_\_ Cover Letter
- \_\_\_\_\_ Resume
- \_\_\_\_\_ Coaching Competition History
- \_\_\_\_\_ Significant Athlete Results
- \_\_\_\_\_ (2) Athlete Letters of Recommendation
- \_\_\_\_\_ CDC Head's Up Concussion Training Certificate of Completion
- \_\_\_\_\_ USOC SafeSport Certificate of Completion
- \_\_\_\_\_ Copy of 1<sup>st</sup> Aid/CPR Card