



PRACTICAL EXPERIENCE FORM



In order to qualify for the practical component of the National Coaching Certification Program, you must fulfill the following coaching requirements. **NOTE: Your Practical Experience Form must be verified by an approved validator. Football Canada only accepts verification from your league President, Principal or Athletic Director.**

Requirements:

- Level 1 *Level 1 Technical + Introduction to Competition Part A (replaces Level 1 Theory)
 *One year of coaching (**one complete season**) **AFTER** successful completion of **BOTH** Level 1 Technical **AND** Part A courses.
- Level 2 *Level 1 Certification + Level 2 Technical + Introduction to Competition Part B (replaces Level 2 Theory)
 *Three years of coaching as an Assistant or Head Coach. (Level 1 year counts as one of the three years for Level 2). *One year of coaching **MUST** follow completion of **BOTH** Level 2 Technical **AND** Part B courses.*
- Level 3 *Level 2 Certification + Level 3 Technical + Level 3 Theory
 *Five years of coaching as an Assistant or Head Coach. (Level 2 years count as three of the five years for Level 3). *One year of coaching **MUST** follow completion of **BOTH** Level 3 Technical **AND** Theory courses.*

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

Surname: _____ Name: _____
 Address: _____
 City: _____ Province: _____
 Postal Code: ___/___/___ --- ___/___/___
 Telephone: (_____) _____ (B)
 (_____) _____ (H)
 E-Mail: _____
 Coaching Certification CC#: _____

COURSE INFORMATION

Most recent **Technical** course: Level 1 2 3
 Date: _____ Location: _____
 Instructor: _____
 Most recent **Theory** course: Level 1 2 3
 Date: _____ Location: _____
 Instructor: _____

Practical Level being applied for: 1 2 3

COACHING HISTORY

How many years have you actively been coaching football? _____ What is the most recent year you have coached? _____
 Name of team and league you are presently coaching with: Team: _____ League: _____
 What is the age group of the athletes you coach? (circle) Under 10 10-12 13-15 16-18 19-22 open
 Minor High School Junior Community College University Senior Other: _____
 Are you a member of your Provincial Football Association? (circle) Yes No

STATEMENT OF VERIFICATION

I, _____ as _____ of _____
 (Print Name) (League President, Principal, Athletic Director) (League, School)
 certify that the information provided is a true representation of coaching experience. _____
 Signature

National Office Verification: _____ Date: _____
 Signature

Please return completed forms to:
 Football Canada
 100-2255 St. Laurent Blvd.
 Ottawa, ON K1G 4K3
 Fax: (613) 564-6309