

**PANHANDLE AREA EDUCATIONAL CONSORTIUM
ATHLETIC COACHING/SPORTS MEDICINE ENDORSEMENT
APPLICATION FORM (Form A)**

NAME _____ SSN _____

SCHOOL _____ DISTRICT _____

EMAIL _____ PHONE _____

_____ I am planning to add Athletic Coaching/Sports Medicine to my current Florida teaching certificate. I understand that I will need to complete the three courses covering the topics prescribed by the State Board of Education Rule 6A-4.0131. I also understand that I must earn the full 60 points available for each course completion.

_____ I do not currently hold a valid teaching certificate and am interested in coaching a school team. I understand that I may complete these three courses and apply for a renewable certificate for part-time athletic coaching as provided in State Board of Education Rule 6A-4.0282. This certificate process does not fall under the add-on or endorsement rule but does follow the process for applying for a regular part-time certificate.

_____ I hold certification in "athletic coaching" or "physical education" on a current, valid certificate and wish to complete one of more of the Coaching Endorsement courses to earn in-service points for certificate renewal.

_____ I have obtained approval from the Director of Professional Development in my district to enroll in this course as verified by his/her signature below.

District Director of Professional Development

Signature of Registrant

Date

Position

DOE Certification # (if applicable)

**Please note:* Applicant must obtain signature of the District Professional Development Director on the application form and send a copy of the completed and signed form, along with payment, to the PAEC Professional Development Center to the attention of Paula Weeks, 753 West Blvd., Chipley, FL 32428. (Payment may be in the form of a check, money order or purchase order.)