

St. Lucie County School District

ADD-ON ENDORSEMENT PROGRAM

**Plan of Study
For
Athletic Coaching Endorsement OR Part time Coaching Certificate**

1. **Participant Name:** _____
2. **Home Address** _____
3. **Contact Phone Number** _____

Required Components	Inservice Credits	Certificate of Completion Date from ASEP
1011002 – Care & Prevention of Athletic Injuries	60	_____
1011003 – Coaching Theory	60	_____
1011004 – Sport Specific	60	_____
6005002 – CPR/AED from Am Red Cross or Am Heart Association Certification for Coaches	2	_____

Participant's Signature: _____ Date: _____

Program Coordinator's Signature: _____ Date: _____

Ex. Director of Professional Development _____ Date: _____