



THE SCHOOL DISTRICT OF ESCAMBIA COUNTY  
ADD-ON COACHING CERTIFICATION PROGRAM  
Plan of Study

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

Social Security Number: \_\_\_\_\_

School: \_\_\_\_\_

<b>Required Component</b>	<b>In-service Points</b>	<b>*Completion date</b>
A. Coaching Principles	60 points	_____
B. Care & Prevention of Athletic Injuries & Drug Abuse	60 points	_____
C. Theory & Practice of Coaching A Specific Sport	60 points	_____
D. AED/CPR Card	0 points	_____
	<b>Program Completion Date</b>	_____

District Athletic Director Signature: \_\_\_\_\_

\*Please attach a copy of the completion certificate for each course.