



**PRACTICAL COACHING RECORD  
LEVEL 3 - SINGLES**

**MAKE A PHOTOCOPY OF THIS FORM PRIOR TO MAILING**

Coach's Name: _____	Section: _____
Address: _____	
Postal Code: _____	Telephone #: (        ) _____
Skate Canada # : _____	CAC Passport No: _____

The coach must complete the following areas (A, B, C, D and E) to be credited with Level 3 Practical. There is no maximum time limit for completion of this component.

COACH DECLARATION: I hereby certify that all the information in this submission is true and complete.	
_____	_____
<i>Date</i>	<i>Signature of Coach</i>

θ    **A.    Proof of Skate Canada Coaching Membership AND valid First Aid Certificate.**

θ    **B.    Proof of completion of Level 3 Theory is enclosed.**

<b>Date of Theory Course:</b> _____
<b>Location:</b> _____

θ C. **Proof of completion of Level 3 Technical (GS & Singles) is enclosed.**

<p><b>Date of Technical Course:</b> _____</p> <p><b>Location:</b> _____</p>
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θ D. **Coaching Hours**

I, \_\_\_\_\_, President of the \_\_\_\_\_  
*(Name of Club President)* *(Name of Club)*

\_\_\_\_\_ and a member of the Skate Canada in good standing, hereby attest to the

fact that \_\_\_\_\_ has completed a minimum of  
*(Name of Coach)*

150 hours (minimum of 100 hours on-ice) coaching Singles at this club \_\_\_\_\_ commencing  
*(Club #)*

on \_\_\_\_\_ and finishing on \_\_\_\_\_.

\_\_\_\_\_  
*Signature of Club President*

\_\_\_\_\_  
*Skate Canada Number*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Skate Canada Number*

\_\_\_\_\_  
*Telephone Number*

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

θ E. **The Level 3 Singles coach must complete the following requirements (Club Declaration and Tests Passed Parts 1 & 2). You may not claim the same skater for all of these tests.**

**o CLUB DECLARATION**

I, \_\_\_\_\_, hereby attest that \_\_\_\_\_  
*(Name of Club Official)* *(Name of Coach)*

coached the following skater(s) for a minimum of 3 months up to and including  
 completion of the tests indicated below at the \_\_\_\_\_ Club.  
*(Name & Number of Club)*

\_\_\_\_\_  
*Signature of Club President* *Skate Canada Number* *Telephone Number*

\_\_\_\_\_  
*Signature of Official* *Skate Canada Number* *Telephone Number*

**o TESTS PASSED - PART 1: Effective January 1, 2003:**

The coach must have a skater pass two consecutive Free Skating tests (complete) at the Senior Silver/Gold or Novice-Senior competitive test level OR 2 different skaters pass 2 different tests at the Senior Silver/Gold and/or Novice to Senior Competitive test level.

Skater's Name & Skate Canada Number	Complete Skate Canada Free Skating / Singles Tests	Date	Signature of 2 Club Officials(*)/ Positions Held & Skate Canada Numbers
	Complete Test Passed:		1. _____ 2. _____
	Complete Test Passed:		1. _____ 2. _____

0 **TESTS PASSED - PART 2: Effective January 1, 2003: The coach must have skaters pass two additional tests that may be any combination of the following:**

- Senior Silver Free Skate or higher
- Novice Competitive test or higher
- Senior Silver Skating Skills or higher

Skater's Name & Skate Canada Number	Complete Skate Canada Test	Date	Signature of 2 Club Officials(*)/ Positions Held & Skate Canada Numbers
	Complete Test Passed:		1. _____ 2. _____
	Complete Test Passed:		1. _____ 2. _____

\*Acceptable club representatives include - test chairperson, club president, test referee or coach liaison.

**RETURN THE COMPLETED FORM TO THE:**

**Skate Canada Coaching Department  
865 Shefford Rd.  
Ottawa, Ontario K1J 1H9  
Toll Free Fax: 1-877-211-2372**