



NCCP PRIMARY STARSKATE COACH RECORD FORM

MAKE A PHOTOCOPY OF THIS FORM PRIOR TO MAILING

Coach's Name: _____	Section: _____
Address: _____	
E-Mail: _____	Telephone #: () _____
Skate Canada #: _____	

The coach must complete **parts A, B, C, D and E** successfully within two years of taking the NCCP Introduction to competition Part A Multi-Sport modules and the full Primary STARSkate Coach training (phases 1 to 3) to be credited with the NCCP Primary STARSkate Coach certification.

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

PART A: I have enclosed proof of my current Skate Canada Coaching Membership AND valid First Aid Certificate.

PART B: I have enclosed proof of my completion of the Introduction to competition Part A multi-sport modules

Date of completion - Introduction to competition Part A: _____
Location: _____

PART C: If I'm certifying in a different Section other than the Section where I received my training, I have enclosed proof of my completion of the full Primary STARSkate Coach training – phases 1,2, and 3.

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Phase 1:	_____	(date)	_____	(location)
Phase 2:	_____	(")	_____	(")
Phase 3:	_____	(")	_____	(")

PART D: Coaching Hours - This section may be duplicated and adjusted if hours are performed at more than one club

I, _____, President of the _____
(Name of Club President) *(Name of Club)*

and a member of Skate Canada in good standing, hereby attest to the fact that

_____ has completed a minimum of
(Name of Coach)

50 hours (minimum of 40 hours on-ice) of practice coaching at this club _____
(Club
Number) commencing on _____ and finishing on _____.

Signature of Club President Skate Canada Number Telephone Number

Signature of Witness Skate Canada Number Telephone Number

NOTE: YOU MUST BE A CURRENT SKATE CANADA PROFESSIONAL COACHING MEMBER IN ORDER TO COMPLETE THE PRIMARY STARSkate COACH EVALUATION COMPONENT (PHASE 4)

PART E: Video Evaluation – I have enclosed a copy of my marked video evaluation form as proof of my successful completion of the video evaluation requirement.

PART F: Section Course Administrator (SCA) Use – I have verified that all parts of the Primary STARSkate Coach training and evaluation components have been fulfilled successfully.

 SCA Signature

 Date



The following contact list is correct at that time Skate Canada printed this booklet – November 2005. To ensure that you have the most current contact information, we highly suggest that you confirm the name and address of the NVE listed below when you contact the Skate Canada Coaching Department.

CONTACT LIST	
HEATHER FRASER 11696-95th Ave Delta, BC - V4C 3T4 hmf@telus.net	JOANNE GODIN 1334 Ave. de L'Arlequin Charlesbourg, QC – G2L 2G2 bar40jg@yahoo.ca
SHELLEY GLAZER-CLEMENTS Box 1675 Esterhazy, SK – S0A 0X0 shelleyglazerclements@sasktel.net	SOPHIE LAGUEUX 196, Ch. Portage Rd. Grand-Sault/Falls, NB – E3Z 2Y9 dboucle@nbnet.nb.ca
SKATE CANADA COACHING DEPARTMENT 865 Shefford Rd. Ottawa ON – K1J 1H9 1-888-747-2372 ext.2526 1-877-211-2372 (F) strottie@skatecanada.ca	