

RECORD OF LEVEL **TWO** PRACTICAL COACHING HOURS

1. Please print clearly
2. Complete **ONE** form for **EACH** discipline for which you are submitting practical hours for
3. Ensure all requirements are attached (ie. copy of coach transcript, first aid certificate)
4. When **FULLY** completed fax or mail to: Gymnastics Ontario – 2950 Keele Street, Suite 202, North York ON M3M 2H2 Fax: 647-344-4816

PLEASE NOTE: Practical hours must be completed in a facility that is a REGISTERED & ACTIVE member of Gymnastics Ontario. The hours must be signed off by a head coach with a MINIMUM certification of NCCP LEVEL 2 in Gymnastics. The head coach must also be a REGISTERED & ACTIVE member of Gymnastics Ontario.

Personal Data	Name:		NCCP#:	
	Address:		Date of birth (dd/mm/yyyy):	
	City:	Province:	Postal Code:	Phone number:

Discipline	ARTISTIC	TRAMPOLINE	RHYTHMIC	
	ALL PRACTICAL HOURS MUST BE COMPLETED FOLLOWING THE COMPLETION OF THE TECHNICAL 2 COURSES.			
	MEN'S REQUIREMENTS: <input type="checkbox"/> 200 hours of coaching at the competitive level	REQUIREMENTS: <input type="checkbox"/> 150 hours of coaching at the competitive level <input type="checkbox"/> Basic first aid and CPR	REQUIREMENTS: <input type="checkbox"/> 60 hours <input type="checkbox"/> All practical hours must be completed within a 24 month period following the completion of the THEORY & TECHNICAL 2 courses.	
WOMEN'S REQUIREMENTS: <input type="checkbox"/> 200 hours of coaching at the competitive level	ATTACHED DOCUMENTS: <input type="checkbox"/> Must include a copy of your basic first aid and CPR certificate IMPORTANT: Your hours will not be processed unless this certificate is submitted.			

Coaching History	Artistic	Trampoline	Rhythmic
	FILL IN THE DATE (MONTH/YEAR) YOU COMPLETED YOUR NCCP THEORY AND TECHNICAL COURSE (PROOF must be attached)		
	THEORY:	THEORY:	THEORY:
	TECHNICAL:	TECHNICAL:	TECHNICAL:

Practical Hours Data	Start date:	Date completed:	Total # of weeks:	# of classes/week:	Duration of class:
	Age range of participants:		Participant level: Please specify – (CanGym levels 8 and above/ODP/OCP/Interclub/Competitive)		

Approval	Name of Head Coach (printed):		NCCP #:	Club:
	Signature of Head Coach:		Address:	
	Signature of Applicant:	Date:	City/Province:	Postal Code:

PLEASE KEEP A COPY FOR YOUR RECORDS