



NATIONAL COACHING CERTIFICATION PROGRAM DEVELOPMENT 1 – EVALUATION PROCEDURES



EVALUATION REPORT OF CERTIFICATION

PLEASE COMPLETE THIS FORM AND SEND IT TO

BRANCH - ONTARIO WOMEN'S HOCKEY
PROGRAM DIRECTOR: COACH@OWHA.ON.CA
PHONE: 905-282-9980

Name of Evaluator: _____ Phone: _____

Email: _____

Name of Coach: _____

Division he/she coaching: _____ Category: _____

Coach Date of Birth (dd/mm/yy): ____/____/____

NCCP or CC#: _____ HCR#: _____

Coach must have completed / and provide the following documentation:

- Completed MED Online
- Completed Coach Workbook
- Completed Emergency Action Plan (EAP)
- Copy of Practice Plan to be executed on ice

Please select one of the boxes below:

- Recommend for Certification
- Not Recommend for Certification

Comment or Concerns:

Evaluator Signature: _____ Date: _____