



Form
6145.2(g)

**COACHES CERTIFICATION
LOCAL PERMANENT RECORD**

SCHOOL/PARISH:	CITY/TOWN:
SPORT:	

COACHES NAME:	BLOODBORNE PATHOGENS:	CORE PREPARATION DATE:	SPORT SPECIFIC CLINIC DATE:	SAFE ENVIRONMENT EDUCATION TRAINING DATE:
Robert Sample	8/18/04	9/10/04	8/22/04	10/24/04