



## Coaching Endorsement Application

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

System: \_\_\_\_\_ School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Certification: \_\_\_\_\_ Years Experience: \_\_\_\_\_

Grade Level(s): \_\_\_\_\_ Subject Area(s): \_\_\_\_\_

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The following signatures verify both school and system leadership recommends the above candidate based on the following criteria:

- Candidate has a minimum of three years teaching experience.
- Candidate holds a Clear-Renewable Georgia **Teaching certificate**, the **service field** of School Counselor, **or** the **leadership field** of Educational Leadership.

*Immediate supervisor will be responsible for supervision in clinical practice.*

\_\_\_\_\_  
Principal Date

\_\_\_\_\_  
System Director of Professional Learning or Designee Date

My signature below verifies I understand that in order to receive credit for these endorsement courses I must:

- Complete all required coursework and assignments.
- Attend a minimum of *90% of the class time* in all courses.
- Submit all required payments to Griffin RESA prior to the start of each course.

\_\_\_\_\_  
Candidate Signature Date

Please mail the original application form with a copy of your Clear-Renewable Georgia Teaching Certificate to:

Griffin RESA  
 440 Tilney Avenue  
 Griffin, GA 30224