

COACHES CERTIFICATION LOCAL PERMANENT RECORD

SCHOOL/PARISH _____ CITY/TOWN _____

SPORT _____

| Coaches Name | Bloodborne Pathogens | Core Video Preparation Date | Sport Specific Clinic Date | VIRTUS Abuse Awareness Training |
|----------------------|----------------------|-----------------------------|----------------------------|---------------------------------|
| <i>Robert Sample</i> | <i>8/18/04</i> | <i>9/10/04</i> | <i>8/22/04</i> | <i>10/24/04</i> |
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