



Advanced Management Instructor Verification Form

This form should be used to verify completion of requirements which were not completed in the original course.

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone _____

E-mail _____

AYSO Instructor Course Number _____

Lead Instructor _____

The Lead Instructor shall specify the actions to be taken to qualify as an AYSO Advanced Management Instructor.

Required	Action	Instructor Trainer Printed Name and Signature	Date
	Satisfactory completion of Advanced Management Instructor Examination	Printed Name	
		Signature	
	Demonstrated satisfactory presentation skills for an AYSO Advanced Management Instructor.	Printed Name	
		Signature	

Candidate shall return this completed form to:

AYSO NSTC
 12501 S Isis Ave
 Hawthorne, CA 90250
 Attn: AYSO Programs Department