



AYSO Management Instructor Verification Form

This form should be used to verify completion of requirements which were not completed in the original course: specifically, those seeking to qualify as an AYSO Management Instructor, who did not complete the original course requirements.

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone _____

E-mail _____

AYSO Instructor Course/Roster Number _____

Lead Instructor _____

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

| Original instructor to indicate areas to be addressed | Action to be completed by instructor candidate before certification as a Management Instructor. | The person designated above completed the following requirements as verified by me. | Date |
|---|---|---|------|
| | Satisfactory completion of prerequisites. | Printed Name | |
| | | Signature | |
| | Demonstrated satisfactory presentation skills for an AYSO Management Instructor. | Printed Name | |
| | | Signature | |

Candidate shall return this completed form to:

AYSO NSTC, 12501 S Isis Avenue, Hawthorne, CA 90250

Attn: AYSO Programs Department