



**COLLEGIATE STRENGTH & CONDITIONING COACHES ASSOCIATION**

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**Co-Instructor Live Teaching Instruction Verification Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

University/Institution: \_\_\_\_\_

Current Teaching Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

Number of Hours of Live Instruction in the semester: \_\_\_\_\_

Semester/Quarter Course Taught: (please circle one) Fall Winter Spring Summer

Number of Sections Taught: \_\_\_\_\_

Year Course Taught: \_\_\_\_\_

Name

Signature

Date

Co - Instructor: \_\_\_\_\_

Lead Instructor: \_\_\_\_\_

Department Chair: \_\_\_\_\_

Please submit document to CSCCa CEU Coordinator upon completion of course by email at CEU@CSCCa.org