



COLLEGIATE STRENGTH & CONDITIONING COACHES ASSOCIATION

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NFL Continuing Education Verification Form

Please complete one verification form per course

Coaches Name: _____ Course Completion Date: _____

Institution/Team: _____

Course Name: _____

Course Description: _____

Number of Hours of Contact Hours per Course/Clinic: _____

Name _____ Signature _____ Date _____

Lead Instructor: _____

Lead Instructor Contact Info: _____

Phone Number:

Email:

Lead Instructor Signature: _____

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