



NORTHERN ONTARIO HOCKEY ASSOCIATION

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NCCP Learning Facilitator – Application Form

Please type your information into the boxes below

Name: _____ Date of Birth (YYYY/MM/DD): _____ / _____ / _____

Address: _____

Phone: Number: _____ Email: _____

Current Team: _____ Level & Category: _____

Level of Certification: _____ NCCP CC#: _____

Clinics Interested in Facilitating (Check off all that apply):

Intro Coach

Coach Level

Development 1

Checking

Post-Secondary Education:

Year of Study	Institution Name	Degree

Hockey Background:

Year	Team, Level & Category	Role

Other Coaching Clinics, Symposiums, or Seminars you have attended:

Year	Program

I hereby certify that the information I have provided with this application is true and complete.

Signature of Applicant: _____ Date: _____

Please email to:

Andrew Corradini
NOHA Technical Director
acorradini@noha.on.ca