

Coach's Verification of Concussion and Brain Injury Training

The undersigned, _____, a full-time or part-time
Name
coach, whether head coach or an assistant coach, whether compensated or volunteer for a school
athletic team sponsored or administered by _____,
Name of the School

Hereby acknowledges and attests that he/she has participated in and completed on-line training,
approved by the Chief Medical Officer of the State of Nebraska and made available by the school,
on how to recognize the symptoms of, and how to seek proper medical treatment for, a concussion
or brain injury.

The descriptive title of the training was _____

The training was produced or sponsored by _____
Name of the Producing/Sponsoring Entity, if known

I participated in this training on _____
Date or Dates

If a test was given at the conclusion of the training: I _____ did/ _____ did not pass the test.

I _____ did/ _____ did not receive a certificate of completion for the training. If you did,
please attach a printed copy to this form. If you did not, please explain:

(e.g., the training course did not provide a certificate of completion)

Date _____

Coach's Signature