

# USA Hockey CEP Replacement Card Form

Please note that this form is to be used to replace your coaching certification card, not your general membership card. Coaching cards are issued at the completion of a USA Hockey Coaching Clinic and are blue in color. Please fill out the following information and print neatly in ink. The information being asked for is pertinent to finding your record on the database. Information not provided may hinder our ability to find your coaching record.

***Please allow a minimum of 2-3 weeks to process your request. Credit card payments are not accepted. Due to the high volume of requests, we are unable to e-mail or fax copies of your coaching certification card.***

CEP # (If known): \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

CEP Certification Level Listed on the USAHockey.com Certification List: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Clinic(s) Attended:

City/State: \_\_\_\_\_ Level: \_\_\_\_\_ Year: \_\_\_\_\_

City/State: \_\_\_\_\_ Level: \_\_\_\_\_ Year: \_\_\_\_\_

City/State: \_\_\_\_\_ Level: \_\_\_\_\_ Year: \_\_\_\_\_

City/State: \_\_\_\_\_ Level: \_\_\_\_\_ Year: \_\_\_\_\_

If you have moved since your last clinic, please provide previous address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please send a check or money order for \$5.00 made payable to USA Hockey and mail to:**  
USA Hockey Coaching Education Program  
Attn. Alison--Replacement Card Form  
1775 Bob Johnson Drive  
Colorado Springs, CO 80906