



INTERNATIONAL
SWIM COACHES
ASSOCIATION

**PRIMARY COACH VERIFICATION FORM FOR DROWNING PREVENTION
("DP") STARS.**

I _____ (*Coach Name*) hold my drowning prevention accreditation under the certifying institution _____ (*Certifying Company Name*) and have completed both the in-water and on-land components of the training.

Coach Signature _____

Coach Contact Number/Email _____

Please attach a copy of your current Lifesaving, WSI, or In-Water Safety Certification for full verification.

(Please note CPR or First Aid licenses alone may not meet the DP star requirement).

Verification forms must be returned to certification@swimisca.org, or mailed directly to:

ISCA Certification
2721 Brambleton Ave
Roanoke, VA 24015