

# COACH EXAMINER/INSTRUCTOR EXAMINER RATING COURSE PROFICIENCY CARD

**CANDIDATE:** Refer to the rating requirements listed in the Introduction and Orientation section of the USPA Instructor Examiner Rating Course outline in the USPA Instructional Rating Manual. Some requirements are listed there alone, and some are listed only on this Proficiency Card. Sign-off dates may not be more than 24 months old as of the course start date. Many requirements may be performed in conjunction with a USPA Coach or Instructor Rating Course.

**VERIFYING OFFICIALS:** Use this form to record that the candidate has met all necessary requirements for the USPA Coach/Instructor Examiner rating. The level of official verification is indicated with each requirement. Each of the undersigned certifies that he or she has personally verified those qualifications listed.

## USPA COACH EXAMINER/INSTRUCTOR EXAMINER INSTRUCTOR RATING APPLICATION

Name \_\_\_\_\_ USPA #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_/

Mailing Address \_\_\_\_\_

Add'l. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip or Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Weekday Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_/ Sex:  M  F Occupation: \_\_\_\_\_

License Number: \_\_\_\_\_ (USPA D license required.)

Total Freefall Time: \_\_\_\_\_ Total Sport Jumps: \_\_\_\_\_

Applicant's Signature (for future authentication purposes): \_\_\_\_\_

\$100 Rating Fee:  Paid by candidate with application  Returned with After-Action Report


 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 expiration date MO YR 3-digit security code 

--	--	--

Signature: \_\_\_\_\_

### This application is for the following Examiner Rating:

- Coach
  AFF Instructor
  IAD Instructor
  Static Line Instructor
  Tandem Instructor

#### Current Instructor Rating(s) held and expiration date(s):

- Coach Expiration date: \_\_\_\_\_  
 AFF Expiration date: \_\_\_\_\_  
 IAD Expiration date: \_\_\_\_\_  
 Static Line Expiration date: \_\_\_\_\_  
 Tandem Expiration date: \_\_\_\_\_

\_\_\_\_\_ AFF  
*(Minimum 500 required for AFFIE Rating)*  
 \_\_\_\_\_ IAD/SL  
*(Minimum 250 freefall student training jumps and 250 static line or IAD student dispatches)*  
 \_\_\_\_\_ Tandem  
*(Minimum 500 actual tandem jumps)*

#### Current number of student training jumps completed:

\_\_\_\_\_ Coach  
*(Minimum 100 student freefall training jumps within the previous 12 months or 300 or more freefall training jumps total required.)*

#### Number of solo student first-jump courses taught:

\_\_\_\_\_ (at least 15 required for Coach Examiner, at least 50 for any USPA Instructor Examiner)

**Number of candidate evaluation jumps:** \_\_\_\_\_ (At least 15 required for Coach Examiner, at least 50 method specific required for each Instructor Examiner)

**INSTRUCTOR EXAMINER**

**Completed the USPA Instructor Examiner Rating Course or  
Advanced Instructor Course:**

Course dates: \_\_\_\_\_

Location: \_\_\_\_\_

Conducted by: \_\_\_\_\_

**For AFF IE, attended the most recent biennial AFF  
Standardization Meeting**

Meeting date: \_\_\_\_\_

Location: \_\_\_\_\_

**For Tandem IE, must have completed the manufacturer's  
examiner course and be a current manufacturer examiner  
for the type of tandem system used.**

Manufacturer examiner type \_\_\_\_\_

Course date \_\_\_\_\_

(Must include a copy of the manufacturer examiner card with  
this application)

**EXAMINER RECOMMENDATION**

This is to certify that \_\_\_\_\_,

Member # \_\_\_\_\_ is fully qualified as an Examiner  
for the following discipline:

- Accelerated Freefall I/E
- Coach Examiner
- Instructor Assisted Deployment I/E
- Static Line I/E
- Tandem I/E

This candidate has administered a course under my supervi-  
sion, and has met all of the necessary requirements, as out-  
lined in Section 1 of the method specific syllabus of the  
Instructional Rating Manual. I herby recommend that the  
Examiner rating listed above be issued.

\_\_\_\_\_  
Coach or Instructor Examiner Name (please print)

\_\_\_\_\_  
Coach or Instructor Examiner signature

\_\_\_\_\_  
Coach or Instructor Examiner USPA Membership Number

\_\_\_\_\_  
Course Date

\_\_\_\_\_  
Course Location

**COURSE/EXAMINER VERIFICATION CHECKLIST**

- Examiner membership and rating expiration date \_\_\_\_\_
- Course Location \_\_\_\_\_ (must be a current USPA Group Member drop zone)
- Candidate USPA Membership expiration date \_\_\_\_\_
- Full Course
- Manufacturer or Foreign Tandem Rating Conversion Course (See Section 1.F of the Tandem Course)

**INSTRUCTOR EXAMINER**