COACH RATING COURSE PROFICIENCY CARD

CANDIDATE: Refer to the rating requirements listed in the Introduction and Orientation section of the USPA Coach 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 Rating Course.

VERIFYING OFFICIALS: Use this form to record that the candidate has met all necessary requirements for the USPA Coach 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 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: _____ (Must be USPA or FAI B or higher)

Total Freefall Time: _____ Total Sport Jumps: _____

Applicant's Signature (for future authentication purposes): _____

$35 Rating Fee: ❑ Paid by candidate with application ❑ Returned with After-Action Report

❑ MasterCard ❑ VISA

expiration date

MO	YR

Signature: _____

I certify that _____ has:

name of candidate

BEFORE THE USPA COACH RATING COURSE:

1. Correctly answered at least 80% of the questions on the USPA Coach Final Examination.

_____
Course examiner signature Date

2 Assisted in one complete solo first-jump course.

_____
USPA Instructor signature Date

AT THE USPA COACH RATING COURSE:

3. Successfully conducted two satisfactory training sessions from the topics listed in the Coach Rating Course Evaluation outline.

_____
Evaluator signature Date

_____
Evaluator signature Date

4. Demonstrated the ability to teach the following topics from Categories F-H of the ISP.

_____
• floater exit Evaluator signature Date

_____
• diver exit Evaluator signature Date

_____
• forward and dock Evaluator signature Date

_____
• fall rate Evaluator signature Date

_____
• tracking with awareness Evaluator signature Date

5. Demonstrated the ability to conduct a satisfactory debriefing.

_____
Evaluator signature Date

6. Correctly performed a pre-jump equipment check.

_____
Evaluator signature Date

7. Successfully completed two air evaluations.

_____
Evaluator signature Date

_____
Evaluator signature Date

8. Participated in all portions of the USPA Coach Rating Course.

_____
Course examiner signature Date

_____

RATING RECOMMENDATION

I have personally examined and recommend this applicant for the USPA Coach rating. He or she has demonstrated the ability to, under the supervision of a USPA Instructor, teach the general (non-method-specific) sections of the first jump course, conduct group freefall skills training, supervise students making group freefall training jumps, and conduct recurrency training and jumps with licensed skydivers.

_____
Course examiner name (please print) **Member #**

_____
Course examiner signature

Course Date _____

_____
Original Course Location

COURSE/EXAMINER VERIFICATION CHECKLIST

❑ Examiner membership and rating expiration date_____
❑ Course Location_____(must be a current USPA Group Member drop zone)
❑ Course dates and location registered with USPA Headquarters on (date)_____
❑ Candidate USPA Membership expiration date_____
❑ Full Course ❑ Challenge Course (See Section 1 of course syllabus for requirements)