



# 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.

**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.

Sign-off dates prior to the course may not be more than 12 months old as of the course start date. Many requirements may be performed in conjunction with a USPA Coach Rating Course.

Update My Address

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ USPA #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

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

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

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

Weekday Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

Sex:  M  F License Number: \_\_\_\_\_ (USPA B License) Total Freefall Time: \_\_\_\_\_ Total Sport Jumps: \_\_\_\_\_

*I understand that I am responsible for maintaining my privacy settings in my USPA account at uspa.org/me. These settings may affect the display of my information in Parachutist or on uspa.org. (See uspa.org/Privacy for more information.)*

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

**I CERTIFY THAT** \_\_\_\_\_ **HAS:**  
name of candidate

### PRIOR TO ARRIVAL AT THE USPA INSTRUCTOR RATING COURSE:

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

\_\_\_\_\_  
Course examiner signature Membership # Date

### FIRST JUMP COURSE TRAINING

2. Assisted in one complete solo first-jump course.

\_\_\_\_\_  
Instructor signature Membership # Date

### AT THE USPA COACH RATING COURSE:

3. Successfully conducted two satisfactory guided practice training sessions from the FJC topics listed in the Coach Rating Course. (One of which must be emergency procedures)

\_\_\_\_\_  
Course evaluator signature Membership # Date

\_\_\_\_\_  
Course evaluator signature Membership # Date

4. Completed two satisfactory ground evaluations.

\_\_\_\_\_  
Course evaluator signature Membership # Date  
**Category G1**

\_\_\_\_\_  
Course evaluator signature Membership # Date  
**Category G2**

**\$45 RATING FEE:**  Paid by candidate with application  Returned with After-Action Report

..... Information below this line will be destroyed after processing .....

\_\_\_\_\_  
CARD NUMBER (American Express, Discover, MasterCard, and Visa)

\_\_\_\_\_  
SECURITY CODE

\_\_\_\_\_  
EXP. DATE (MMYY)

5. Demonstrated the ability to conduct a satisfactory debriefing.

\_\_\_\_\_  
Course evaluator signature Membership # Date

6. Correctly performed a pre-jump equipment check.

\_\_\_\_\_  
Course evaluator signature Membership # Date

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

\_\_\_\_\_  
Course examiner signature Membership # Date

8. Completed two satisfactory air evaluations.

\_\_\_\_\_  
Course evaluator signature Membership # Date

**Category G1**

\_\_\_\_\_  
Course evaluator signature Membership # Date

**Category G2**

**RATING RECOMMENDATION**

I have personally examined and recommend this applicant for the USPA Coach rating. They have 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) Membership #

\_\_\_\_\_  
Course examiner signature

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

\_\_\_\_\_  
Dropzone

**THIS FORM MUST BE SUBMITTED TO USPA BY AN EXAMINER (SEE IRM 1-3).**