

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 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.

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.

Course examiner signature Membership # Date FIRST JUMP COURSE TRAINING 2. Assisted in one complete solo first-jump course. 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 G1	☐ Update My Address						
City	First Name	Last Name	U	SPA #:	_ Expiration Date:	///	_/
State	Mailing Address						
Sex: M F License Number: (USPA B License) Total Freefall Time: Total Sport Jumps:	Add'l. Address						
Sex: M F License Number: (USPA B License) Total Freefall Time: Total Sport Jumps:	City	State	Zip or Posta	al Code	Country		
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 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 evaluator signature Membership # Date Course evaluator signature Memb	Weekday Phone () Em	nail		D0B:	// M D Y	,
Applicant's Signature (for future authentication purposes): I CERTIFY THAT	Sex: □ M □ F License Nu	ımber: (USPA B License) Tot	tal Freefall Tir	me:	Total Sport Jumps:		
Applicant's Signature (for future authentication purposes): I CERTIFY THAT	I und	erstand that I am responsible for maintain	ning my privad	cy settings in my US	PA account at uspa.o	rg/me.	
PRIOR TO ARRIVAL AT THE USPA INSTRUCTOR RATING COURSE: 1. Correctly answered at least 80% of the questions on the USPA Coach Examination. 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 examiner signature Membership # Date Course evaluator signature Membership # Date Course evaluator signature Membership # Date Course evaluator signature Membership # Date Category 61 Course evaluator signature Membership # Date Category 62 \$45 RATING FEE: Paid by candidate with application Returned with After-Action Report		•			-		
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CARD NUMBER (American Express, Discover, MasterCard, and Visa) SECURITY CODE EXP. DATE (MMYY)	CARD AUMADER (1	Discuss M. C. C. L. III.			LIDITY CODE	EVD DATE (AARADA)	

Member #

5.	Demonstrated the ability to conduct a satisfactory debriefing.			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			
6.	Course evaluator signature Correctly performed a pre-jum	Membership# o equipment check.	Date	course, conduct group freefall skills training, supervise students making group freefall training jumps, and conduct recurrency training and jumps with licensed skydivers.			
	Course evaluator signature	Membership #	Date	Course examiner name (please print) Membership #			
7.	Participated in all portions of the	USPA Coach Rating Course.					
	Course examiner signature	Membership #	Date	Course examiner signature			
8.	Completed two satisfactory air evaluations.						
	Course evaluator signature Category G1	Membership #	Date	Course Date			
	Course evaluator signature Category G2	Membership #	Date				

Page 2 CANDIDATE NAME _____

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

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