

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 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 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


 

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expiration date	MO	YR
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3-digit security code			
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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

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COACH

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

(Examiners, please verify the following)

- Examiner membership and rating expiration date _____
- Course Location _____ (must be a current USPA Group Member drop zone)
- Candidate USPA Membership expiration date _____
- Full Course Challenge Course (See Section 1 of course syllabus for requirements)
- Proof of non-USPA Coach rating (challenge only)