



# ABSR PONY CLUBS

EXAMINER & EXAMINER DEVELOPMENT POLICY

ALBERTA SOUTH REGION – 2022



## APPENDIX C

### (NOVICE) LEAD EXAMINER APPLICATION FORM

Please return this completed form to our Regional Testing Chair.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

I AM APPLYING TO UPGRADE TO: NOVICE LEAD EXAMINER / LEAD EXAMINER (circle one)

I HAVE SERVED AS A PANEL TESTER AT THE FOLLOWING TESTS:

DATE \_\_\_\_\_ BRANCH \_\_\_\_\_ LEVELS \_\_\_\_\_

NAME OF LEAD EXAMINER \_\_\_\_\_

DATE \_\_\_\_\_ BRANCH \_\_\_\_\_ LEVELS \_\_\_\_\_

NAME OF LEAD EXAMINER \_\_\_\_\_

DATE \_\_\_\_\_ BRANCH \_\_\_\_\_ LEVELS \_\_\_\_\_

NAME OF LEAD EXAMINER \_\_\_\_\_

I HAVE SERVED AS A NOVICE LEAD EXAMINER AT THE FOLLOWING TESTS

DATE \_\_\_\_\_ BRANCH \_\_\_\_\_ LEVELS \_\_\_\_\_

NAMES OF PANEL MEMBERS \_\_\_\_\_

DATE \_\_\_\_\_ BRANCH \_\_\_\_\_ LEVELS \_\_\_\_\_

NAMES OF PANEL MEMBERS \_\_\_\_\_

I HAVE ATTENDED THE EXAMINERS CLINIC IN THE FOLLOWING YEARS: \_\_\_\_\_

\_\_\_\_\_