



# CANADIAN PONY CLUB

## NATIONAL EXAMINER APPLICATION FORM

### BASIC "A" LEVEL

**2019**

Loyalty

Character

Sportsmanship

Your name has been submitted for consideration as a Pony Club National Level Basic A Examiner. Before completing this form, please read the sections in the current A/B TESTING REQUIREMENTS FOR EXAMINERS, COACHES AND CANDIDATES regarding Examiner's classifications, criteria, duties and responsibilities.

Please return this completed form to your Regional Testing Chair.

Attach an additional sheet answering the questions below and include a copy of your Standard First aid Certificate.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Date Achieved: Basic B \_\_\_\_\_

(if known) Regular B \_\_\_\_\_

Senior B \_\_\_\_\_

1. Please list any Pony Club instruction you have given since becoming a Basic B examiner. Include level and phases.
2. Please list all C2, B, B2 and HA or RA level testing which you have participated in within the last three years. Give the name of the Senior Examiner at each test.
3. Please list any B2 panels on which you have served as a Senior B examiner.
4. Please list any examiner or instructor's clinics you have attended in the last three years. Indicate if you were the clinician or name the clinician.

Please note that as a National Examiner, you must have a copy of the current Testing Procedures. It is your responsibility to be familiar with the current TP Requirements for Examiners, Coaches and Candidates at the level at which you are testing. Both documents are available on the CPC website in the download section - testing. It is also strongly recommended that all National Examiners attend at least one National Examiner's Clinic every three years and be familiar with the current Required Reading material. You must submit and maintain a current St John/Red Cross/equivalent Standard First Aid Certificate.

5. Please describe fully your present involvement in the equestrian world. Include coaching and/or judging certifications, active competitor status, etc.
6. Are you willing to test outside your own Region? \_\_\_\_\_



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Name \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

To be completed by **REGIONAL TESTING CHAIR**

**Qualifying B2 tests (as a panel member Examiner):**

Date \_\_\_\_\_ Senior Examiner \_\_\_\_\_

Date \_\_\_\_\_ Senior Examiner \_\_\_\_\_

Date \_\_\_\_\_ Senior Examiner \_\_\_\_\_

**Qualifying HA and RA test (auditing as a Junior Tester):**

HA Date \_\_\_\_\_ Senior Examiner \_\_\_\_\_

RA Date \_\_\_\_\_ Senior Examiner \_\_\_\_\_

**Letters of Reference from:**

\_\_\_\_\_ Dated \_\_\_\_\_

\_\_\_\_\_ Dated \_\_\_\_\_

**A/B Examiner's Clinic:**

Date \_\_\_\_\_ Clinician \_\_\_\_\_

### RECOMMENDATION OF REGIONAL TESTING CHAIR/REGIONAL CHAIR

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**For Office Use:**

First Aid Certificate Rec'd \_\_\_\_\_

Application Rec'd \_\_\_\_\_ Final Approval: Initial \_\_\_\_\_ Date \_\_\_\_\_