



# CANADIAN PONY CLUB

## NATIONAL EXAMINER APPLICATION FORM

### BASIC "B" LEVEL

**2019**

Loyalty

Character

Sportsmanship

Your name has been submitted for consideration as a Pony Club National Level Basic B 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 \_\_\_\_\_

1. Were you a Pony Club member? \_\_\_\_\_ If so, level attained \_\_\_\_\_
2. Please list any administrative positions you have held in Pony Club in the last three years.
3. Please list any Pony Club instruction you have given during the last three years. Include level and phases.
4. Please summarize any D and/or C level testing in which you have participated in the last three years. This may be submitted by your regional Test Chair.
5. Please list any C2, B, B2 or A tests that you have audited as an observer. Give the test date and the name of the Senior Examiner at each test.
6. Please submit two letters of recommendation from current A or B examiners you have audited with.
7. Please list any examiner or instructor clinics you have attended in the last three years and 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.

8. Please describe fully your present involvement in the equestrian world. Include coaching and/or judging certifications, active competitor status, etc. to help us in placing you more accurately within our testing program.
9. Are you willing to test outside your own Region? \_\_\_\_\_



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Name \_\_\_\_\_

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

To be completed by **REGIONAL TESTING CHAIR**

**Qualifying C2 tests (as a panel member Examiner):**

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

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

**Qualifying B test (auditing as a Junior Tester):**

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 \_\_\_\_\_