



INSTRUCTORS' CERTIFICATION PROGRAM

CANDIDATE INSTRUCTOR RECOMMENDATION FORM



TO BE COMPLETED BY CANDIDATE INSTRUCTOR:

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ (DAY)
_____ (EVENING)
_____ (MOBILE)

CERTIFICATION LEVEL SOUGHT BY CANDIDATE:

- LEVEL I-NOVICE:** Students at Novice and below
- LEVEL I-TRAINING:** Students at Training and below
- LEVEL II:** Students at Training Three-Day, Modified, Preliminary, CIC*, CCI* and below
- LEVEL III:** Students at Intermediate, CIC**, CCI** and below
- LEVEL IV:** Students at Advanced, CIC***, CCI*** and below

TO BE COMPLETED BY EXPERIENCED HORSEMAN / WOMAN:

As an experienced horseman or horsewoman, knowledgeable about the sport of eventing and about the skills and experience of the above-named individual, I support _____, who is a candidate in the USEA's Instructors' Certification Program at Level _____.

Signed: _____
(Signature of horseman or horsewoman)

(Printed name)

(Address)

(City, State, Zip Code)

(Telephone, Email)

(Date)