



EVENTING COACHES PROGRAM CANDIDATE APPLICATION FORM



Application form, student verification forms, recommendation form, and ECP registration application fee of \$75 (includes the ECP Workbook and ECP Standards Booklet), payable to USEA, should be emailed to nancy@useventing.com or returned to: Nancy Knight, USEA Inc., 525 Old Waterford Road, NW, Leesburg, VA 20176.

NAME: _____ **DATE:** _____

ADDRESS: _____ **USEA MEMBER #:** _____

PHONE: _____ **EMAIL ADDRESS:** _____

DOB: _____ **HIGHEST LEVEL OF ACADEMIC EDUCATION COMPLETED:** _____

FORMAL HORSE-RELATED EDUCATION (Pony Club rating, BHS exposure, ARECP, equestrian studies college major, etc. Not clinics)

COMMENTS ON ABOVE EDUCATION

DEFINITIONS OF ECP INSTRUCTOR LEVELS:

- LEVEL I:** Instructors of riders up through Novice level riding/training/competing and horse care
- LEVEL II:** Instructors of riders up through Modified and CCI* level riding/training/competing and horse care
- LEVEL III:** Instructors of riders up through Preliminary and CCI2* level riding/training/competing and horse care
- LEVEL IV:** Instructors of riders up through Intermediate and CCI3* level riding/training/competing and horse care
- LEVEL V:** Instructors of riders up through Advanced, CCI4*, and CCI5* level riding/training/competing and horse care

DATE OF NATIONWIDE CRIMINAL BACKGROUND CHECK: _____ (You must provide a copy to receive your ECP certificate and benefits.)

DATE OF FIRST AID/CPR TRAINING: _____
(You must provide a copy to receive your ECP certificate and benefits.)

DATES/PLACES OF USEA OR EVENT COMPETITION-RELATED VOLUNTEER WORK, 10 HOURS/YEAR
(Please record here, or present at time of assessment.)

UPON ENTRY INTO ECP AS A CANDIDATE INSTRUCTOR, YOU SHOULD SUPPLY AS MUCH OF THE FOLLOWING INFORMATION AS CURRENTLY EXISTS. YOU MAY SUPPLY REMAINING INFORMATION AT THE TIME OF YOUR ASSESSMENT.

I. TEACHING

A. I am teaching and/or have taught at least 3 students while they are/were competently competing at the highest level of my intended certification.

With this application, I am enclosing their USEA (or USCTA) competition record, readily obtainable from the Competition Manager of the USEA.

Their names and, city/state are recorded below. In addition, I have provided a brief explanation of both high and low points of their careers-to-date. The Student Verification Forms, with student signatures will be either included with this form or mailed separately by students to the USEA office.

NAME: _____ **CITY/STATE:** _____

#1 _____

NAME: _____ **CITY/STATE:** _____

#2 _____

NAME: _____ **CITY/STATE:** _____

#3 _____

B. I have had significant exposure to the teaching of the following 3 horsemen and/or horsewomen, at least 2 of whom are event instructors, with one of the latter having signed the attached sheet indicating his or her support of my status as a USEA Eventing Coaches Program candidate instructor at the Level I indicated above.

#1 NAME:

KIND, DATES, AND AMOUNTS OF EXPOSURE

#2 NAME:

KIND, DATES, AND AMOUNTS OF EXPOSURE

#3 NAME:

KIND, DATES, AND AMOUNTS OF EXPOSURE

II. RIDING

A. I have completed the following event(s) on the horse(s) listed and at the locations and dates listed (selected events at highest level only).

AND/OR

B. I have competed in the following hunter/jumper classes, dressage shows, point-to-point race meets, fox hunts, or any other horses sport on the horse(s) listed and at the locations and dates listed (most significant only).

III. HORSEMANSHIP

A. I have been responsible for the feeding, care, and conditioning of the following 3 horses of my own and/or others when in normal use and/or in preparation for, during, and in aftermath of competition. Horses' names and most demanding riding use are provided below **HORSE #1:**

HORSE #2:

HORSE #3:

B. I have an at least **rudimentary understanding of lamenesses and illnesses and some experience with intervention.** I am able to identify abnormal versus normal findings in a horse's limbs, body, and internal systems. **Two instances of intervention which I managed** are recounted below.

INCIDENT #1:

INCIDENT #2:

SIGNATURE OF CANDIDATE INSTRUCTOR

NAME

On the back of this sheet, supply additional information that you would like to share with the ECP Committee, if you so desire.



EVENTING COACHES PROGRAM

CANDIDATE INSTRUCTOR RECOMMENDATION FORM



TO BE COMPLETED BY CANDIDATE INSTRUCTOR:

NAME: _____ **DATE:** _____

ADDRESS: _____

PHONE: _____

CERTIFICATION LEVEL SOUGHT BY CANDIDATE:

- LEVEL I:** Instructors of riders up through Novice level riding/training/competing and horse care
- LEVEL II:** Instructors of riders up through Modified and CCI* level riding/training/competing and horse care
- LEVEL III:** Instructors of riders up through Preliminary and CCI2* level riding/training/competing and horse care
- LEVEL IV:** Instructors of riders up through Intermediate and CCI3* level riding/training/competing and horse care
- LEVEL V:** Instructors of riders up through Advanced, CCI4*, and CCI5* level riding/training/competing and horse care

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 Eventing Coaches Program at Level _____.

SIGNED: _____
(Signature of horseman or horsewoman)

(Printed name)

(Address)

(City, State, Zip Code)

(Telephone, Email)

(Date)Rev: