Candidate: Refer to the rating requirements listed in the Introduction and Orientation section of the USPA Instructor Examiner Rating Course outline in the USPA Instructional Rating Manual. Some requirements are listed there alone, and some are listed only on this Proficiency Card. Sign-off dates may not be more than 12 months old as of the course start date. Many requirements may be performed in conjunction with a USPA Coach or Instructor Rating Course.

Verifying Officials: Use this form to record that the candidate has met all necessary requirements for the USPA Coach/Instructor Examiner rating. The level of official verification is indicated with each requirement. Each of the undersigned certifies that he or she has personally verified those qualifications listed.
Completed the USPA Instructor Examiner Rating Course or Advanced Instructor Course:

Course dates:______________________________________________
Location:__________________________________________________
Conducted by:______________________________________________

For AFF IE, attended the most recent biennial AFF Standardization Meeting

Meeting date: ______________________________________________
Location:__________________________________________________

For Tandem IE, must have completed the manufacturer’s examiner course and be a current manufacturer examiner for the type of tandem system used.

Manufacturer examiner type __________________________________
Course date _______________________________________________
(Must include a copy of the manufacturer examiner card with this application)

EXAMINER RECOMMENDATION

This is to certify that ___________________________________, Member #________________is fully qualified as an Examiner for the following discipline:

☐ Accelerated Freefall IE
☐ Coach Examiner
☐ Instructor Assisted Deployment IE
☐ Static Line IE
☐ Tandem IE

This candidate has administered a course (two courses required for each discipline) under my direct supervision, and has met all of the necessary requirements, as outlined in Section 1 of the method specific syllabus of the Instructional Rating Manual. I hereby recommend that the Examiner rating listed above be issued.

Course 1
Coach or Instructor Examiner Name (please print)
______________________________
Coach or Instructor Examiner signature
______________________________
Coach or Instructor Examiner USPA Membership Number
______________________________
Course Date
______________________________
Course Location
______________________________

Course 2
Coach or Instructor Examiner Name (please print)
______________________________
Coach or Instructor Examiner signature
______________________________
Coach or Instructor Examiner USPA Membership Number
______________________________
Course Date
______________________________
Course Location
______________________________

COURSE/EXAMINER VERIFICATION CHECKLIST
(Examiners, please verify the following)

☐ Examiner membership and rating expiration date__________
☐ Course Location_____________________(must be a current USPA Group Member drop zone)
☐ Candidate USPA Membership expiration date__________
☐ Full Course
☐ Manufacturer or Foreign Tandem Rating Conversion Course (See Section 1.G of the Tandem Course)

THIS FORM MUST BE SUBMITTED TO USPA BY A COACH EXAMINER OR INSTRUCTOR EXAMINER (SEE IRM 1-3).