

# PSA ORAL RATING APPLICATION



## General Oral Rating Application Notes:

- 1.) You must meet all rating requirements for specific oral exam(s) prior to applying.
- 2.) **Payment must accompany this completed application**
- 3.) The resume form (page 3) **must** be submitted with each oral rating application form.

## PERSONAL INFORMATION

Name \_\_\_\_\_ PSA Member # \_\_\_\_\_ *Mandatory Field*

Address \_\_\_\_\_  
city state zip code

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Present Club or Rink Affiliation \_\_\_\_\_

Location and date of attendance at most recent PSA educational event \_\_\_\_\_

Special request information - *Not Guaranteed* \_\_\_\_\_

## RATINGS EVENT INFORMATION

Name of event \_\_\_\_\_ Date of event \_\_\_\_\_ *Mandatory Field*

Ratings site/zone \_\_\_\_\_  
city state

## EXAM DISCIPLINE & LEVEL

(i.e. RFS - Registered Free Skating)

*Only two oral exams at a site may be taken.* FIRST EXAM \_\_\_\_\_ SECOND EXAM \_\_\_\_\_

## FEES

LEVEL	REGISTERED	CERTIFIED	SENIOR	MASTER	SS
Cost	\$60.00	\$85.00	\$110.00	\$160.00	\$20.00
Late Fee*	\$30.00	\$40.00	\$55.00	\$80.00	@ \$10.00 each
Sub Total					

\* *Late fee must be included with applications not meeting the published rating application deadline.*

Application Fee **\$5.00**

Late Fee if applicable \$ \_\_\_\_\_

TOTAL AMOUNT DUE \$ \_\_\_\_\_

## PAYMENT

VISA MASTERCARD DISCOVER

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OR make checks payable to PSA**

**PSA CANCELLATION POLICY: 30 days or more in advance = 50% refund. Less than 30 days = NO REFUND**

■ HIGHEST TEST PASSED BY STUDENT - if requirements are being fulfilled on student test level alone

Test/Level	Name	Date Passed/Club	Current Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

■ FS, MIF, DANCE, FD, PAIRS applicants complete the following

This is to certify that I have taught an average of \_\_\_\_\_ hours per year for \_\_\_\_\_ year(s) at \_\_\_\_\_  
*Location(s)*

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

■ GROUP applicants complete the following

This is to certify that I have taught Group an average of \_\_\_\_\_ hours per year for \_\_\_\_\_ year(s) at \_\_\_\_\_  
*Location*

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

■ SYNCHRONIZED TEAM applicants complete the following

This is to certify that I have taught Synchro an average of \_\_\_\_\_ hours per year for \_\_\_\_\_ year(s) at \_\_\_\_\_  
*Location*

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Name of team \_\_\_\_\_ Competition Level Attained \_\_\_\_\_

Competition Date \_\_\_\_\_ Placement \_\_\_\_\_

■ PROGRAM DIRECTOR applicants complete the following

This is to certify that I have held the position of \_\_\_\_\_ for \_\_\_\_\_ year(s) at

\_\_\_\_\_  
*Location*

Supervisor/Rink Manager/Owner \_\_\_\_\_ Phone \_\_\_\_\_

■ CHOREOGRAPHY applicants complete the following

Teaching Experience – I have choreographed an average of \_\_\_\_\_ hours per year for \_\_\_\_\_ year(s) at \_\_\_\_\_  
*Location*

**OR**

Dance Experience – I have taken \_\_\_\_\_ Dance at the \_\_\_\_\_ level at

\_\_\_\_\_  
*School*

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

**I UNDERSTAND ANY FABRICATION/MISREPRESENTATION/MISSTATEMENT OR UNTRUTHFULNESS MAY RESULT IN MY RATING BEING DISALLOWED.**

The above information is true and accurate to the best of my knowledge.

*Applicant's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

# RESUME | Required for each Oral Rating Application

Please e-mail, fax or mail resume for each exam along with completed application form.

Name \_\_\_\_\_ PSA Number \_\_\_\_\_

## I. SUMMARY OF SKILLS

Skating background, tests, etc. List highest test passed in each discipline. *Club, State and Date are mandatory!*

Test/Level	Club	State	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Other	Event	State	Date
_____	_____	_____	_____

PSA Ratings and/or Rankings currently held \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Other Professional Training (i.e. first aid, Pilates)

Course	Date
_____	_____
_____	_____

## II. EDUCATION

Level and additional courses \_\_\_\_\_

\_\_\_\_\_

## III. CAREER EXPERIENCE

Coaching employment history - *past five years* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Present coaching situation - disciplines, hours, etc

Location	Phone #	Disciplines/Hours	Supervisor Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other (Ice Show/Dance/Theatre, etc) - *please include dates* \_\_\_\_\_

\_\_\_\_\_

## IV. LIST THE COACHES YOU STUDIED UNDER

Please list the year as well \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

use back if necessary