

AFFIDAVIT



RECERTIFICATION FOR RATING EXAMINERS

This form:

➤ **Must be completed and returned to the PSA office by January 1st.**

➤ **I wish to examine the following disciplines:** **FS**, **D**,
 P, **M**, **C**, **S**, **G**, **PD**, **FD**, **F** (check all that apply)

To fulfill PSA rating requirements for examiners to be recertified they must complete the following requirements in order to sit on an exam panel. **Please attach proof of completion**

U.S. Figure Skating CER Completion: **Category A** **Category B**

<input type="checkbox"/> I attended/completed one of the following within the past 3-years: (Attach proof of attendance/completion) Free Skating / Free Dance / Ice Dancing / Pair Skating / Synchronized Skating / Choreography [IJS Disciplines] <input type="checkbox"/> Attended Coaches College, PSA or ISU seminar <input type="checkbox"/> Attended IJS Technical Panel Training Seminar <input type="checkbox"/> I have an active technical specialist appointment for _____ (discipline) <input type="checkbox"/> I am currently coaching IJS competitors at qualifying competitions (for certified exams and above) in the following disciplines: _____ _____	<input type="checkbox"/> I attended/completed one of the following within the past 3-years: (Attach proof of attendance/completion) Moves in the Field and Figure Disciplines: <input type="checkbox"/> Attended a PSA Moves seminar or conference presentation <input type="checkbox"/> Completed the CER Moves in the Field course and exam (RU 204) <input type="checkbox"/> I have working knowledge and professional coaching experience with the revised moves patterns (2010) Group Instructor Discipline: <input type="checkbox"/> Attended a Group examiner training session Program Director Discipline: <input type="checkbox"/> Attended an iAIM or NARCE course <input type="checkbox"/> Attended a PSA conference presentation geared to program directors _____ (date) <input type="checkbox"/> I am currently an active program director or supervisor at _____ (facility & address)
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By signing below I certify that the information is true and correct. Any false information will result in my dismissal as a rating examiner and will prohibit me from being assigned to any rating exam panels in the future.

Name _____
(Please print clearly)

PSA Number: _____

Address: _____

Signature _____ Date _____

MAKE A COPY OF THIS FORM AND KEEP IN YOUR RECORDS FOR VERIFICATION

RETURN TO: PSA ~ 3006 Allegro Park SW ~ Rochester, MN 55902 Fax: 507-281-5491 Email: byackel@skatepsa.com