



# PSA APPRENTICE PROGRAM

## Application

### APPRENTICE:

Name: \_\_\_\_\_ PSA No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Rinks/Clubs where you coach: \_\_\_\_\_

Type of PSA Member    Full    Associate    Intern

Do you have liability insurance?    Yes    No (*Insurance is a requirement*)

Have you received and reviewed the apprenticeship guidelines?    Yes    No

Present PSA Ratings, if any: \_\_\_\_\_

Discipline(s) of apprenticeship: \_\_\_\_\_

Level of apprenticeship: \_\_\_\_\_ 1 (registered)   \_\_\_\_\_ 2 (certified)   \_\_\_\_\_ 3 (senior)   \_\_\_\_\_ 4 (master)

*A minimum of 30 hours is required for each discipline.*

### MASTER-RATED COACH you will apprentice with:

*(Must hold an active Master-rating in the discipline you are going to apprentice in)*

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Current ratings of mentor: \_\_\_\_\_

Mail a \$30 application fee (check payable to PSA) for each level/discipline (i.e. L1 FS) with the application and agreement to:

**PSA**  
3006 Allegro Park SW  
Rochester, MN 55902



# PSA APPRENTICE PROGRAM

## Agreement

Please complete an Agreement for each discipline or Mentor that you are apprenticing with.

It is agreed that \_\_\_\_\_ will Apprentice with  
*Apprentice's name*

\_\_\_\_\_ in \_\_\_\_\_ at the \_\_\_\_\_ level.  
*Mentor's name* *Specified discipline* *1, 2, 3, or 4*

Proposed lesson schedule:

\_\_\_\_\_ Hours per week observing and assisting group lessons

\_\_\_\_\_ Hours per week observing private lessons

\_\_\_\_\_ Hours per week in off-ice instruction

\_\_\_\_\_ Hours per week of private instruction (on-ice)

Other \_\_\_\_\_

\_\_\_\_\_

NOTE: The apprenticeship must be completed within two years of application or you will be required to re-apply in order to receive a certificate.

### SIGNATURES

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Apprentice* *Date*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ *Rating(s)*  
*Master coach* *Date*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ *Rating(s)*  
*Master coach* *Date*

Mail a \$30 application fee (check payable to PSA) with the application and agreement to:

**PSA**  
**3006 Allegro Park SW**  
**Rochester, MN 55902**