



# PSA APPRENTICE PROGRAM

## *Completion of PSA Apprenticeship*

### APPRENTICE:

Name: \_\_\_\_\_ Membership No. PSA \_\_\_\_\_ ISI \_\_\_\_\_ USFS \_\_\_\_\_

Address \_\_\_\_\_

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

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

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### MENTOR(S)

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

PSA Ratings \_\_\_\_\_

Home Rink \_\_\_\_\_ City/State \_\_\_\_\_

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

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

PSA Ratings \_\_\_\_\_

Home Rink \_\_\_\_\_ City/State \_\_\_\_\_

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

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This is to state that I have completed all the requirements for the **PSA APPRENTICE PROGRAM**

### DISCIPLINE AND LEVEL OF APPRENTICESHIP(S)

*Please complete a separate form for each discipline and level of apprenticeship.*

Discipline \_\_\_\_\_ Level \_\_\_\_\_

#### **Disciplines**

*Free Skating, Dance, Free Dance, MIF, Group Instructor, Pairs, Synchro, Program Director, Choreography, Figures*

#### **Levels**

*1 (registered), 2 (certified), 3 (senior), 4 (master)*

**NUMBER OF HOURS**

On Ice: \_\_\_\_\_ Off Ice \_\_\_\_\_ Observation \_\_\_\_\_

*[A minimum of 30 hours in total: At least 20 hours of on/off ice lessons with your mentor. In addition: at least 10 hours of observation of lessons.]*

Other: (tests/competitions/phone consultations) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- PLEASE ENCLOSE A WRITTEN SUMMARY OF YOUR APPRENTICESHIP  
*This is a requirement in order to receive your Apprentice Certificate.*
- MY JOURNAL HAS BEEN REVIEWED BY MY MENTOR:
- THE FOLLOWING IS TO BE FILLED OUT BY THE MENTOR(S):

**MENTOR(S)**

Please write a brief summary of your appraisal of this apprenticeship(s). Include comments regarding the candidate’s level of understanding, readiness for taking a rating exam, quality of journal, recommendations for further training, etc.

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

RECOMMENDATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mentor’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Mentor’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Apprentice’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**MAIL TO:**

Rebecca Stump, Apprentice Chair  
18 Valley Road  
Topsfield, MA 01983

*Please keep a copy of this evaluation for your records.*