



PSA APPRENTICE PROGRAM

Completion of PSA Apprenticeship

APPRENTICE:

Name: _____ Membership No. PSA _____ ISI _____ USFS _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

MENTOR(S)

Name: _____

PSA Ratings _____

Home Rink _____ City/State _____

Phone _____ Email _____

Name: _____

PSA Ratings _____

Home Rink _____ City/State _____

Phone _____ Email _____

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:

Jan Tremer
1656 Beverly Hills Rd
Coopersburg, PA 18036

Please keep a copy of this evaluation for your records.