



UNITED STATES *Dressage* FEDERATION

USDF Instructor Certification Program

Participating Instructor Application; Workshop/Pre-Certification

Name: _____

Address: _____

City/State/Zip: _____

Phone: home: (____) _____ barn/work: (____) _____ Fax: (____) _____

Email: _____ USDF Membership Number: _____

1. Are you presently teaching dressage? ___ yes ___ no

If yes, how many students do you have now? _____ How many hours do you teach per week? _____

How long have you taught dressage? _____ Average level of your students: _____

Age range of students: _____ Do you also teach jumping/eventing? _____

Do you teach Pony Club/4-H/other disciplines? _____ If so, explain: _____

2. How many years have you ridden horses? _____

3. How many years have you ridden dressage? _____

4. What is the highest level you have schooled? _____

5. What is the highest level you have competed? _____

What shows have you competed at and what scores have received?

6. Please describe briefly horses you have trained yourself.

7. Have you attended a USDF Instructor Workshop before? _____ If yes,

a. Did you attend as a Participant Instructor, Participating Auditor or Silent Auditor?

b. Which workshops have you attended (riding/lungeing/teaching)

8. Do you plan to test for USDF Instructor Certification?

If yes, how soon do you plan to test? _____ What level: __T-2 __T-4

9. What skills do you wish to improve? _____

Do you plan to attend all workshops offered locally? ____Yes ____No

10. If no, which ones do you wish to attend?

11. What other USDF educational programs have you attended?

12. Do you have your dressage judge license/or L-graduate certificate?

Signature

Date

Print Name

Full Address of Participant

Please provide copies of USDF Workshop Evaluations that you have received.

Please return completed application to the organizer indicated on this application or as indicated on the USDF Website. Please also include the workshop fee of \$350/workshop by personal check, made out to "CDA".

Organizer: Donna Leonessa
3080 South Street
Coventry, CT 06238

Phone: 860-742-8110 **Email:** dleonessa@hotmail.com

This application must be received no later than March 1,2009 for the teaching workshop, April 1, 2009 for the Lunging workshop, and June 1, 2009 for the Riding workshop to be considered.