



UNITED STATES *Dressage* FEDERATION

**USDF Instructor/Trainer Program**

**Participant 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/Trainer Program Workshop before? \_\_\_\_\_ If yes,

a. Did you attend as a Participant or Silent Auditor? \_\_\_\_\_

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

8. Do you plan to test for USDF Instructor/Trainer Certification? \_\_\_\_\_

If yes, how soon do you plan to test? \_\_\_\_\_ What level: T-1 \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3-4 \_\_\_\_\_

19. What skills do you wish to improve? \_\_\_\_\_

10. Do you plan to attend all workshops offered locally? \_\_\_\_ Yes \_\_\_\_ No

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.**

**Organizer:** \_\_\_\_\_

**Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Email**