



USEA EVENTING COACHES PROGRAM

CROSS-COUNTRY CONTINUING EDUCATION ACTIVITY VERIFICATION

Return this completed and signed sheet for your cross-country continuing education activity to:
Nancy Knight, USEA Office, 525 Old Waterford Rd. NW, Leesburg, VA 20176, e-mail to
Nancy@useventing.com, or fax to Nancy at 703 779-0550.

Instructor Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Date of cross-country continuing education: _____

Location: _____

- Exceeds Certification Requirements
 Meets Certification Requirements
 Needs More Practice

* Comments:

*If 'Needs More Practice' box is checked, please include comments/suggestions for instructor to meet or exceed certification requirements, i.e., additional mentoring, attendance at an ECP Workshop for the x-c phase, etc.

Observing ECP Instructor Signature: _____

Observing ECP Instructor printed name _____

Observing ECP Instructor ECP Certification Level: _____ Date: _____