



Statement of Qualifying Activities

Continuous Education Program

Name (Print) _____ Phone: _____ Email Address: _____

Address: _____ City: _____ PV _____

Postal Code: _____ Equine Canada Number _____ CAC Number _____

Activity	Date	Clinician/Mentor/ Course Conductor	Location	Activity Leader	Duration Days/Hrs	Credits Claimed
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

This sheet will help you keep track of all your qualifying activities. It is not necessary to send this form to your PSO Coaching Department.

Only the Continuing Education Record Sheet with a copy of the registration form, if applicable, is required by your PSO Coaching Department. All fields of the Continuing Education Record Sheet must be completed for a particular activity and this form is to be signed and dated to be considered for credit.

... Notice ...

Equine Canada and each PSO reserve the right to verify all the information in the statement forms. Providing false or misleading information in this document will be considered a violation of Equine Canada Coaching Code of Ethics. Violation of EC rules could result in relocation of your coaching status.