



Nova Scotia Equestrian Federation

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INSTRUCTOR UPDATING FORM

NAME OF COACH: _____

DESCRIPTION OF CLINIC/SEMINAR: _____

DATE: _____

LOCATION: _____

NUMBER OF HOURS OF PARTICIPATION: _____

NAME OF CLINICIAN/INSTRUCTOR: _____

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### To be completed by the Clinician:

I hereby certify that \_\_\_\_\_

has completed \_\_\_\_\_ hours under my instruction, as stated above.

Signed: \_\_\_\_\_

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OFFICE USE ONLY:

Hours approved for updating: _____

Signed: _____

File: C:/nsefword/coaching/coaching form