

# TANDEM INSTRUCTOR RATING COURSE PROFICIENCY CARD

**CANDIDATE:** Refer to the rating requirements listed in the Introduction and Orientation section of the USPA Tandem Instructor Rating Course outline in the USPA Instructional Rating Manual. Some requirements are listed there alone, and some are listed only on this proficiency card.

Sign-off dates may not be more than 24 months old as of the course start date. Many requirements may be performed in conjunction with a USPA Tandem Instructor Rating Course. Course only requirements must be completed within 12 months of the start of the course.

**VERIFYING OFFICIALS:** Use this form to record that the candidate has met all necessary requirements for the USPA Tandem Instructor rating. The level of official verification is indicated with each requirement. Each of the undersigned certifies that he or she has personally verified those qualifications listed.

\*Current USPA Instructors need not meet starred requirements.

## USPA TANDEM INSTRUCTOR RATING APPLICATION

Name \_\_\_\_\_ USPA #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_/

Mailing Address \_\_\_\_\_

Add'l. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip or Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Weekday Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_/ Sex:  M  F Occupation: \_\_\_\_\_

License Number: \_\_\_\_\_ (USPA D license required.)

FAA Medical Exp. Date \_\_\_\_\_ (include copy of medical with this application)

Total Freefall Time: \_\_\_\_\_ Total Sport Jumps: \_\_\_\_\_ (minimum 500 required.)

Applicant's Signature (for future authentication purposes): \_\_\_\_\_

\$50 Rating Fee:  Paid by candidate with application  Returned with After-Action Report

  

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 expiration date 

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 3-digit security code 

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Signature: \_\_\_\_\_

I certify that \_\_\_\_\_ has:  
name of candidate

### PRIOR TO ARRIVAL AT THE USPA INSTRUCTOR RATING COURSE:

1. Assisted in two tandem first-jump courses toward Category A requirements.

\_\_\_\_\_  
USPA Tandem Instructor signature Date

\_\_\_\_\_  
USPA Tandem Instructor signature Date

2. Assisted in two Category B tandem ground preps.

\_\_\_\_\_  
USPA Tandem Instructor signature Date

\_\_\_\_\_  
USPA Tandem Instructor signature Date

3.\* Assisted in two Category D ground preps.

\_\_\_\_\_  
USPA Instructor signature Date

\_\_\_\_\_  
USPA Instructor signature Date

4.\* Observed ground preps in Categories B, C, E, and F.

\_\_\_\_\_  
USPA Instructor signature Date

5.\* Correctly taught freefall stability and basic freefall maneuvers, including freefall turns, backloops, barrel rolls, front loops, and tracking.

\_\_\_\_\_  
USPA Instructor signature Date

6.\* Prepared an effective canopy flight plan and provided ground-to-air (for example, radio) instruction for winds up to 14 mph.

\_\_\_\_\_  
USPA Instructor signature Date

7.\* Participated in the spotting and aircraft lessons from Categories D through H (or equivalent training).

(initials:) Category D \_\_\_\_\_ Category G \_\_\_\_\_  
Category E \_\_\_\_\_ Category H \_\_\_\_\_  
Category F \_\_\_\_\_

\_\_\_\_\_  
USPA Instructor signature Date

TANDEM

8. Demonstrated five practice tandem cutaways wearing tandem equipment and with a simulated student in the student harness in the presence of a USPA Tandem Instructor or Tandem Instructor Examiner.

\_\_\_\_\_  
Supervising USPA Tandem Instructor signature      Date

9.\* Made 10 jumps to teach and observe basic group freefall skills (verification of 10 entries in the candidate's logbook).

\_\_\_\_\_  
Course examiner signature      Date

10. Correctly answered at least 80% of the questions on the USPA Tandem Instructor Final Examination.

\_\_\_\_\_  
Course examiner signature      Date

**AT THE USPA INSTRUCTOR RATING COURSE:**

11. During tandem jumps, demonstrated the ability to perform all the following:

- Establish and maintain stability throughout the jump.

\_\_\_\_\_  
Evaluator signature      Date

- Recover from intentional, planned instability on exit.

\_\_\_\_\_  
Evaluator signature      Date

- Heading control during tandem freefall and droguefall.

\_\_\_\_\_  
Evaluator signature      Date

12. Earned a score of Satisfactory on all sections and subsections of the Tandem In-Air Skills and Instruction Evaluation Form and the Training, Supervision, and Debriefing Evaluation Form.

\_\_\_\_\_  
Course examiner signature      Date

13. Correctly and completely rigged a simulated student for a tandem jump and completed a satisfactory pre-jump check of all associated systems.

\_\_\_\_\_  
Evaluator signature      Date

14. Conducted five successful initial tandem evaluation jumps.

\_\_\_\_\_  
1. Evaluator signature      Date

\_\_\_\_\_  
2. Evaluator signature      Date

\_\_\_\_\_  
3. Evaluator signature      Date

\_\_\_\_\_  
4. Evaluator signature      Date

\_\_\_\_\_  
5. Evaluator signature      Date

15.\* Correctly prepared and checked a solo student's equipment, including canopy selection, prior to rigging up.

\_\_\_\_\_  
USPA Instructor signature      Date

16. Participated in all portions of the USPA Tandem Instructor Rating Course.

\_\_\_\_\_  
Course examiner signature      Date

17. Has a minimum of 3 years of experience in parachuting.

\_\_\_\_\_  
Course examiner signature      Date

18. Conducted five practice tandem jumps.

\_\_\_\_\_  
1. Supervising USPA Tandem Instructor signature      Date

\_\_\_\_\_  
2. Supervising USPA Tandem Instructor signature      Date

\_\_\_\_\_  
3. Supervising USPA Tandem Instructor signature      Date

\_\_\_\_\_  
4. Supervising USPA Tandem Instructor signature      Date

\_\_\_\_\_  
5. Supervising USPA Tandem Instructor signature      Date

**RATING RECOMMENDATION**

I have personally examined and recommend this applicant for the USPA Tandem Instructor rating. He or she has demonstrated the ability to train and jump with tandem students and to train and supervise non-method-specific students for the USPA A license.

\_\_\_\_\_  
USPA Tandem Instructor Examiner name and Member #

\_\_\_\_\_  
USPA Tandem Instructor Examiner signature

Date \_\_\_\_\_

\_\_\_\_\_  
Course Location

\_\_\_\_\_  
Tandem Equipment Used for Rating

**COURSE/EXAMINER VERIFICATION CHECKLIST**  
(Examiners, please verify the following)

- Examiner membership and rating expiration date \_\_\_\_\_
- Course Location \_\_\_\_\_  
(must be a current USPA Group Member drop zone)
- Candidate USPA Membership expiration date \_\_\_\_\_
- Full Course
- Manufacturer Rating Conversion (See Section 1.F.2, 3, 4)
- Foreign Tandem Instructor Rating Conversion (See Section 1.F.5)

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