**CANSail Learning Facilitator / Master Learning Facilitator Recertification Form**

***Send Recertification Application Form to Sail Canada via coach@sailing.ca***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CANSail #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Province: \_\_\_\_\_\_\_\_\_\_

Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certified CANSail LF’s / MLF’s who have remained registered in good standing with Sail Canada for the period of their certification (3 years) may seek recertification by submitting an application for recertification to Sail Canada, **AND complete one of the following** *(please indicate which you have completed)***:**

\_\_\_ Attend an appropriate LF Clinic, Professional Development (PD) module or LF Symposium during which additional training or learning opportunities are delivered. Must be approved by Sail Canada in advance;

**OR**

\_\_\_ Conduct an appropriate coach development clinic, or deliver a professional development module or a symposium session with a senior LF or MLF as appropriate. In this case the senior LF / MLF is to complete an evaluation based on the delivery of the clinic/session and provide it to Sail Canada. To be approved by Sail Canada in advance.

*\*All means for recertifying LF & MLF certification must be approved by Sail Canada in advance.*

**Summary of Teaching Experience**

1. *CANSail Instructor Training Clinics & Modules*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organizing PSA | Clinic Date | Clinic Type(ie: CANSail 1 & 2 Instructor) | No. of Candidates | No. of successful Candidates | Co-Conductor |
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(There is no need to list more clinics than will fit in the above table.)

1. *CANSail Courses*

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| --- | --- | --- | --- |
| Organizing School/Club | Course(ie: CANSail 4) | Date | No. of Students |
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(There is no need to list more courses than will fit in the above table.)

1. *Relevant Personal Development or Training*

|  |  |
| --- | --- |
| Date | Description |
|  |  |
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**References**

Please provide a minimum of one reference who may be contacted below. Additional references may be requested.

(Written letter(s) of reference may be requested with application. Sail Canada reserves the right to verify all references and/or request additional references when required.)

***PSA Reference:***

The following individual(s) is/are responsible for coordinating Instructor/Coach Development Program Clinics for the PSA(s) indicated. They can certify that I have taught each of the courses in Table 1 above that are indicated to have been organized by the PSA indicated.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PSA: \_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PSA: \_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Co-conductor Reference:***

The following individual has agreed to provide a professional reference.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proclamation

I, the undersigned, hereby declare that the above information is correct. I understand that submitting this information does not guarantee recertification and that recertification decisions are at the discretion of Sail Canada.

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