

FORM B

Clinician Level 1 Options form and checklist

Applicant name: _____

Declared option for verification if other than test score option A outlined in step 5:

Option B_____ Option C_____ Option D_____

Option B: _____ 1. Video submission of applicant instructing the following maneuvers: 10m circle at working jog, 20m free jog circle, Turn on Haunches, Stop and back, turn onto and off of quarter lines.

_____ 2: CDW Clinicians Questionnaire (Form “C”)

Option C: _____ 1. Provide a list of at least 3 verifiable instances where you or a client have, at a CDW recognized schooling show or Gathering, achieved overall show high point, high score, or division champion. Must be verified by proof of scores and a letter from show management or copy to website link listing the accolade.

Achievement	Rider	Horse	Show name and date

_____ 2. Letter from show management verifying achievements

_____ 3. CDW clinician’s questionnaire (Form “C”)

Option D: _____ 1. Participation in an official CDW Educators clinic.

Date _____ Location _____

Host _____

_____ 2. 2 letters of completion and recommendation. From clinic leadership and 1 Level 2 clinician or higher.

CDW professional	Name	Contact/Email
Leadership/educator		
Additional Clinician		

_____ 3. CDW Clinicians Questionnaire (Form "C")

Applicant signature: _____

<p>FOR CDW OFFICIAL USE ONLY: Educators Evaluation</p> <p>Video/Questionnaire evaluators:</p> <p>1: accept_____ deny_____ date:_____ Notes:</p> <p>2: accept_____ deny_____ date:_____</p> <p>3: accept_____ deny_____ date:_____</p>
