# CSPA

# Jump Master Portfolio
for

Candidate Name: _____

CSPA # _____

**Send a copy of your completed portfolio to:**

CANADIAN SPORT PARACHUTING ASSOCIATION

204-1468 Laurier Street, Rockland, Ontario, K4K 1C7

office@cspa.ca

Course # CSPA #_____

**Jump Master Course Completion**

This certifies that:

_____ _____

Candidate Name CSPA #

Has attended the Jump Master course (**IAD / SL)** and

____ has completed the technical course.

____ requires make-up prior to participating in practical components for certification
(Make-up form to be filled in by Learning Facilitator).

This Jump Master temporary rating **Expires** on:

_____ _____ _____

Day Mon Year (**One year** from date of Jump Master course)

Course number:

Course Location: Province:

Learning Facilitator:

LF Signature: _____

I acknowledge the above evaluation of my abilities during this course and verify that I must dispatch 6 students via IAD/SL under supervision **prior** to dispatching unsupervised and completing the practical portion of this rating.

_____

Candidate's Signature

Course # CSPA #_____

Important Steps:

1. Dispatch 6 students, while being directly observed by a certified Jump Master on each load.
2. AFTER completing the 6 students from step #1 above, then you may begin to fill in your Contact Sheet (page 8), starting at #1 with your first student which you dispatch AFTER the final observation load.

DO NOT fill in the Contact Sheet on page 8 until AFTER you have completed, satisfactorily, the 6 Observed Student Dispatches by a Certified Jumpmaster.

Congratulations on working towards your Jump Master rating. This Portfolio is valid for one (1) year from the issue date, so long as your CSPA affiliation is kept current.

To certify your rating, you must complete the following items prior to the expiry date stated in your portfolio:

1. Dispatch 25 students via IAD/SL
   - AFTER your DZ checkout by a certified, highly experienced Jumpmaster where you are to complete dispatching 6 students under direct supervision. Keep a record of your student dispatches on the dispatch form and when complete have it signed by a Certified Jumpmaster or Course Facilitator.

   or
2. Dispatch 25 FF students if pursuing Jumpmaster (Restricted) Rating. (After Dispatching 6 FF Students supervised by a Certified JM or PFFI)

Once you have completed the above requirements, please do the following:

1. **Maintain a copy of the Portfolio for your own personal records**
2. Email a scanned copy of the portfolio to office@cspa.ca. The scanned copy must be legible and "full" sized (not reduced).

Once this is done and approved, a new affiliation card will be sent to you and you will be a Certified Jump Master with the CSPA. You will have to renew your CSPA affiliation and your rating according to the currency requirements outlined by CSPA.

If you do not complete the requirements before the expiry date in your portfolio you may request an extension. A valid reason is required. There is a $25 fee for the processing of an extension request.

E-mail office@cspa.ca **before** your expiry date if you have any questions on extensions.

Coaching and Instructing is a rapidly developing area of our sport. Strive to keep yourself updated with new ideas in safety and techniques. Feel free to contact the Coaching Working Committee (CWC) with any questions, comments, or ideas that you may have at office@cspa.ca.

## Revalidation Up To 5 Years

- Dispatch two IAD or SL students under direct supervision of certified JM.
- If JM restricted, dispatch 2 freefall students under the direct supervision of a certified JM/PFFI.
- Complete the evaluation jump and form per the JM Portfolio.
- Complete the revalidation form.
- Submit the evaluation jump and revalidation form office@cspa.ca

## Revalidation After 5 Years

- Complete the final evaluation jump from JM course with a JM Learning Facilitator.
- If JM restricted, complete an evaluation dispatch with a JM Learning Facilitator or PFFI Learning Facilitator.
- Pass JM course written exam.
- Complete the revalidation form below.
- Submit the evaluation form, revalidation form, and exam to the CSPA office.

**Privileges of the Jump Master:**

1. Dispatch
   - students using the Instructor Assisted Deployment (IAD) or Static Line (SL) method
   - freefall students
2. Supervise
   - student parachutists from Pre-level to Stage 4 of the Basic Skills Grid in the GFF program
3. Assist
   - the SSI in teaching the FJC under direct supervision
4. Signoff
   - Sign off practical requirements for the Solo Certificate
5. Certify
   - Solo Checkout Jump, Main Packing, and Emergency Procedures Review Solo and "A" CoP endorsements
6. Qualify
   - as prerequisite for PFF Instructor, Ground Control Instructor, or Skydive School Examiner

*NOTE: This page does not need to be sent to CSPA.*

**Jumpmaster Dispatch Evaluation Form – Dispatch Load #1**

| | | |
|---|---|---|
| Student Briefing: | All stages covered | 0.2 0.4 0.6 0.8 1.0 |
| Equipment Selection | | 0.2 0.4 0.6 0.8 1.0 |
| Ground Rehearsal: | Correct content | 0.2 0.4 0.6 0.8 1.0 |
| | Sufficient repetition | 0.2 0.4 0.6 0.8 1.0 |
| | Realistic (training aids) | 0.2 0.4 0.6 0.8 1.0 |
| Landing briefing (winds, spot, ground control, etc) | | 0.2 0.4 0.6 0.8 1.0 |
| Safety Check / Pin Check | | 0.2 0.4 0.6 0.8 1.0 |
| Aircraft Loading | | 0.2 0.4 0.6 0.8 1.0 |
| Pilot Briefing | | 0.2 0.4 0.6 0.8 1.0 |
| Aircraft Safety (helmets on, take off rules, etc) | | 0.2 0.4 0.6 0.8 1.0 |
| Orientation Pass | | 0.2 0.4 0.6 0.8 1.0 |
| Mental Rehearsal | | 0.2 0.4 0.6 0.8 1.0 |
| Verbal Review | | 0.2 0.4 0.6 0.8 1.0 |
| Stress assessment / relaxation techniques | | 0.2 0.4 0.6 0.8 1.0 |
| In-flight handles check | | 0.2 0.4 0.6 0.8 1.0 |
| Pilot Chute / Static Line Preparation (on time/in control) | | 0.2 0.4 0.6 0.8 1.0 |
| Commands (door , cut , get ready) | | 0.2 0.4 0.6 0.8 1.0 |
| Spotting (slow climb out, obstacles) | | 0.2 0.4 0.6 0.8 1.0 |
| Assist Students exit | | 0.2 0.4 0.6 0.8 1.0 |
| Control Pilot Chute and Bridle / Static Line | | 0.2 0.4 0.6 0.8 1.0 |
| Skill Area Tasks (Spot, Canopy Control, Safety check) | | 0.2 0.4 0.6 0.8 1.0 |
| Debriefing: | Awareness | 0.2 0.4 0.6 0.8 1.0 |
| | Constructive Correction | 0.2 0.4 0.6 0.8 1.0 |
| | Fault Practice/Goal Setting | 0.2 0.4 0.6 0.8 1.0 |
| | Record Jumps | 0.2 0.4 0.6 0.8 1.0 |

A Minimum of 20 is required to pass ____ /25

I, _____ a **Certified JM** and CSPA # _____, verify that (# Students ___) IAD/ SL
(Print Evaluator's Name)

dispatches were made under my direct supervision, evaluated by myself and found to be satisfactory.

Signature _____ Date _____

**Jumpmaster Dispatch Evaluation Form – Dispatch Load #2**

| | | |
|---|---|---|
| Student Briefing: | All stages covered | 0.2 0.4 0.6 0.8 1.0 |
| Equipment Selection | | 0.2 0.4 0.6 0.8 1.0 |
| Ground Rehearsal: | Correct content | 0.2 0.4 0.6 0.8 1.0 |
| | Sufficient repetition | 0.2 0.4 0.6 0.8 1.0 |
| | Realistic (training aids) | 0.2 0.4 0.6 0.8 1.0 |
| Landing briefing (winds, spot, ground control, etc) | | 0.2 0.4 0.6 0.8 1.0 |
| Safety Check / Pin Check | | 0.2 0.4 0.6 0.8 1.0 |
| Aircraft Loading | | 0.2 0.4 0.6 0.8 1.0 |
| Pilot Briefing | | 0.2 0.4 0.6 0.8 1.0 |
| Aircraft Safety (helmets on, take off rules, etc) | | 0.2 0.4 0.6 0.8 1.0 |
| Orientation Pass | | 0.2 0.4 0.6 0.8 1.0 |
| Mental Rehearsal | | 0.2 0.4 0.6 0.8 1.0 |
| Verbal Review | | 0.2 0.4 0.6 0.8 1.0 |
| Stress assessment / relaxation techniques | | 0.2 0.4 0.6 0.8 1.0 |
| In-flight handles check | | 0.2 0.4 0.6 0.8 1.0 |
| Pilot Chute / Static Line Preparation (on time/in control) | | 0.2 0.4 0.6 0.8 1.0 |
| Commands (door , cut , get ready) | | 0.2 0.4 0.6 0.8 1.0 |
| Spotting (slow climb out, obstacles) | | 0.2 0.4 0.6 0.8 1.0 |
| Assist Students exit | | 0.2 0.4 0.6 0.8 1.0 |
| Control Pilot Chute and Bridle / Static Line | | 0.2 0.4 0.6 0.8 1.0 |
| Skill Area Tasks (Spot, Canopy Control, Safety check) | | 0.2 0.4 0.6 0.8 1.0 |
| Debriefing: | Awareness | 0.2 0.4 0.6 0.8 1.0 |
| | Constructive Correction | 0.2 0.4 0.6 0.8 1.0 |
| | Fault Practice/Goal Setting | 0.2 0.4 0.6 0.8 1.0 |
| | Record Jumps | 0.2 0.4 0.6 0.8 1.0 |

A Minimum of 20 is required to pass ____ /25

I, _____ a **<u>Certified</u> JM** and CSPA # _____, verify that (# Students ____) IAD/ SL
(Print Evaluator's Name)

dispatches were made under my direct supervision, evaluated by myself and found to be satisfactory.

Signature _____ Date _____

**Jumpmaster Dispatch Evaluation Form – Dispatch Load #3 (If Required)**

| | | |
|---|---|---|
| Student Briefing: | All stages covered | 0.2 0.4 0.6 0.8 1.0 |
| Equipment Selection | | 0.2 0.4 0.6 0.8 1.0 |
| Ground Rehearsal: | Correct content | 0.2 0.4 0.6 0.8 1.0 |
| | Sufficient repetition | 0.2 0.4 0.6 0.8 1.0 |
| | Realistic (training aids) | 0.2 0.4 0.6 0.8 1.0 |
| Landing briefing (winds, spot, ground control, etc) | | 0.2 0.4 0.6 0.8 1.0 |
| Safety Check / Pin Check | | 0.2 0.4 0.6 0.8 1.0 |
| Aircraft Loading | | 0.2 0.4 0.6 0.8 1.0 |
| Pilot Briefing | | 0.2 0.4 0.6 0.8 1.0 |
| Aircraft Safety (helmets on, take off rules, etc) | | 0.2 0.4 0.6 0.8 1.0 |
| Orientation Pass | | 0.2 0.4 0.6 0.8 1.0 |
| Mental Rehearsal | | 0.2 0.4 0.6 0.8 1.0 |
| Verbal Review | | 0.2 0.4 0.6 0.8 1.0 |
| Stress assessment / relaxation techniques | | 0.2 0.4 0.6 0.8 1.0 |
| In-flight handles check | | 0.2 0.4 0.6 0.8 1.0 |
| Pilot Chute / Static Line Preparation (on time/in control) | | 0.2 0.4 0.6 0.8 1.0 |
| Commands (door , cut , get ready) | | 0.2 0.4 0.6 0.8 1.0 |
| Spotting (slow climb out, obstacles) | | 0.2 0.4 0.6 0.8 1.0 |
| Assist Students exit | | 0.2 0.4 0.6 0.8 1.0 |
| Control Pilot Chute and Bridle / Static Line | | 0.2 0.4 0.6 0.8 1.0 |
| Skill Area Tasks (Spot, Canopy Control, Safety Check) | | 0.2 0.4 0.6 0.8 1.0 |
| Debriefing: | Awareness | 0.2 0.4 0.6 0.8 1.0 |
| | Constructive Correction | 0.2 0.4 0.6 0.8 1.0 |
| | Fault Practice/Goal Setting | 0.2 0.4 0.6 0.8 1.0 |
| | Record Jumps | 0.2 0.4 0.6 0.8 1.0 |

A Minimum of 20 is required to pass ____ /25

I, _____ a **Certified JM** and CSPA # _____, verify that (# Students ___) IAD/ SL
(Print Evaluator's Name)

dispatches were made under my direct supervision, evaluated by myself and found to be satisfactory.

Signature _____ Date _____

Course # CSPA #_____

**Jumpmaster Student Record**

Note 1 – Dropzone Checkout (6 Students) must be completed **PRIOR** to this form being filled in

Note 2 – All 25 Dispatches for JM (IAD) or JM (SL) must be by the appropriate method (i.e. **do not record** FF Students on this Student Record)

Note 3 – Temporary JMs who decide to obtain a JM(R) Rating can record a mixture of IAD/SL/FF Students on this Student Record as part of the certification of their JM(R)

| # | Date | Student's Name | Student's Jump # | Skill Performance Outcome (Include Dispatch Method: IAD or SL) | Certified JM Verification (Name, CSPA #) |
|---|---|---|---|---|---|
| **1** | | | | | |
| **2** | | | | | |
| **3** | | | | | |
| **4** | | | | | |
| **5** | | | | | |
| **6** | | | | | |
| **7** | | | | | |
| **8** | | | | | |
| **9** | | | | | |
| **10** | | | | | |
| **11** | | | | | |
| **12** | | | | | |
| **13** | | | | | |
| **14** | | | | | |
| **15** | | | | | |
| **16** | | | | | |
| **17** | | | | | |
| **18** | | | | | |
| **19** | | | | | |
| **20** | | | | | |
| **21** | | | | | |
| **22** | | | | | |
| **23** | | | | | |
| **24** | | | | | |
| **25** | | | | | |

Course # CSPA #_____

## Practical Experience Document

Name: _____

CSPA # _____

Total Number of Jumps: _____ Jumps made since Course: _____ Years in Sport: _____ NCCP Number: _____

Number of IAD/SL/FF dispatches since DZ Checkout by a Certified Jumpmaster:

IAD's _____ SL_____ FF_____

I wish to (check one):

☐ Gain an extension due to: **(Note - $25 Fee for Extension Request)**

Visa/MasterCard #: _____ _____ _____ _____ Exp. Date: ____ ____ CVV: _____

Reason(s) for extension: _____

_____

_____

_____

_____ _____

Candidate's Signature Date (day/mon/year)

☐ Upgrade to JM Certified (Circle: IAD SL Restricted)

I certify that the information in this portfolio is a true and accurate representation of my experience as a rating holder.

_____ _____

Candidate's Signature Date (day/mon/year)

**Verification by Certified SSE:** I have inspected the portfolio and logbooks of the above named individual and find the information contained in this portfolio to be an accurate record of their experience.

_____ _____

Verification Signature Date (day/mon/year)

_____ _____

Verification Name (Print) CSPA #