CSPA

Progressive Freefall Instructor Challenge 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

PFFI Workshop Completion

Candidate Name: CSPA # Has challenged the PFFI course and has passed the technical and practical evaluation. This PFFI temporary rating Expires on: Day Mon Year (One year from date of PFFI challenge) The candidate must complete the following contacts to certify the PFFI rating (circle and initial the applicable requirement based on verified experience) PFFI jumps under instructor certification from a FAI recognize country 50 100 500 1000				
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Course Location: Province:				
Learning Facilitator:				
LF Signature:				

I acknowledge the above evaluation of my abilities during this course.

Candidate's Signature

Course #

Congratulations on working towards your Coach PFFI 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:

- Complete the number of 2:1 and 1:1 PFFI jumps with a Certified PFFI, as per the table on page 2 of this portfolio
 - o The requirement will have been circled and initialed by your evaluating LF
- Complete **1 Evaluation Jump** directly observed and debriefed by a Certified PFFI after you have completed the required PFFI jumps.
- Within **one** (1) **year** of the completing the PFFI Course, record the instructing contacts in this portfolio. When complete, have it signed by a Certified SSE.
- Complete and submit GCI portfolio.

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 PFFI 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

- Complete 10 PFF jumps under the supervision of a certified PFFI. The first 5 must be 2:1
- Complete the Revalidation Form
- Submit the Revalidation form to office@cspa.ca

Revalidation After 5 Years

- Complete two evaluation jumps with a certified PFFI LF
 - o Complete the Evaluation forms from the PFFI Candidate File
- Pass the PFFI written exam
- Complete the Revalidation Form
- Submit the Revalidation form, Evaluation Forms, and exam to office@cspa.ca

Privileges of the PFFI:

As a PFF Instructor, you can participate in a drop zone PFF program. Maintain high standards and personalized instruction to aid in maximum progression. Keep up-to-date on current PFF Instructor techniques and program changes. Your instruction provides the solid foundation for student skydivers to progress.

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

# Date Novice's Name PFF Level MS1/RS1 Describe student's skill performance, outcome, areas for improvement Certified PFFI Verification (#CSPA # (signature of witter and provided in the control of the	FFI	Contact	ts Record (not	all rows may be n	eeded)		
1 2 3 3 4 4 5 6 7 8 9 10 10 11 12 13 13 14 15 16 17 18 19 19 20 20 21 22 23 24	#	Date	Novice's	PFF Level	MSI / RSI	Describe student's skill performance, outcome, areas for	Certified PFFI Verification
2			Name			improvement	& CSPA # (signature of witness)
3 4 4 6 7 8 9 9 10 11 12 13 13 14 15 16 16 17 18 19 20 21 22 23 24 10	1						
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Course # _____

PFFI 1:1 Evaluation Form (to be done after the required PFFI Contacts have been completed)

Name of Student	PFF	Level					
Student briefing:	all stages covered		.2	.4	.6	.8	1.0
Equipment selection		.2	.4			1.0	
Ground rehearsal:			.2	.4			1.0
	sufficient repetition		.2	.4			1.0
	realistic (training aids)		.2	.4	.6	.8	1.0
Skill area tasks (all		.2	.4	.6	.8	1.0	
Landing briefing (winds, spot, ground control, etc.))	.2	.4	.6	.8	1.0
Safety check/ Pin C	heck	,	.2	.4	.6	.8	1.0
Aircraft loading			.2	.4	.6	.8	1.0
Pilot briefing			.2	.4	.6	.8	1.0
Aircraft safety (helmets on, take off rules, etc.)			.2	.4	.6	.8	1.0
Mental rehearsal			.2	.4	.6	.8	1.0
Verbal review			.2	.4	.6	.8	1.0
Stress assessment/relaxation techniques			.2	.4	.6	.8	1.0
In flight handles check			.2	.4	.6	.8	1.0
Spotting (slow climb out, obstacles)			.2	.4	.6	.8	1.0
Setup and grips proj	per		.2	.4	.6	.8	1.0
Launch timing			.2	.4	.6	.8	1.0
Exit controlled as necessary			.2	.4	.6	.8	1.0
Freefall control was adequate for level			.2	.4	.6	.8	1.0
Freefall signals were used correctly			.2	.4	.6	.8	1.0
Freefall reaction time adequate			.2	.4	.6	.8	1.0
Altitude awareness			.2	.4	.6	.8	1.0
Student activation c	ontrol		.2	.4	.6	.8	1.0
Debriefing: aw	areness		.2	.4	.6	.8	1.0
cor	structive correction		.2	.4	.6	.8	1.0
pra	ctice areas for improvement		.2	.4	.6	.8	1.0
log	ging the jump		.2	.4	.6	.8	1.0
A minimum of 22 is	s required to pass						/28

I, a <u>Certified</u> PFFI and CSP (Print Evaluator's Name)	A #
did directly witness and verify that the above 1:1 PFF jump con-	tact was made, evaluated by myself and found to be satisfactory.
Signature	Date

Course #

Practical Experience Document

Name:	
CSPA #	
Total Number of Jumps: Jump	ps made since Course: Years in Sport:
Number of PFFI jumps since course com	pletion:
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 PFFI Certified	
I certify that the information in this port	tfolio is a true and accurate representation of my experience as a rating holder.
Candidate's Signature	Date (day/mon/year)
•	have inspected the logbooks of the above named individual and find the colio to be an accurate record of their experience.
information contained in this portion	ono to be an accurate record of their experience.
Verification Signature	Date (day/mon/year)
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Verification Name (Print)	