

Course # _____

CSPA # _____

CSPA
Progressive Freefall Instructor
Portfolio
for

Candidate Name: _____



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

This certifies that:

Candidate Name _____ CSPA # _____

Has attended the PFFI course and
_____ has completed the technical course.

_____ requires make-up prior to participating in coaching contacts
(Make-up form to be filled in by Learning Facilitator).

This PFFI temporary rating **Expires** on:

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

Course number:

Course Location: _____ Province: _____

Learning Facilitator:

LF Signature: _____

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

Candidate's Signature

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 **25 PFFI jumps** with a Certified PFFI, of which at least 10 must be in the RSI role.
- Complete **at least 1 and up to 5 jumps 1:1** while directly supervised in freefall by a Certified PFFI, where:
 - The student has demonstrated a high level of competence in freefall
 - The student is on one of his/her last two jumps with instructor.
- Complete **1 Evaluation Jump** directly observed and debriefed by a Certified PFFI after you have completed the 25 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
 - 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.

PFFI Contacts Record

#	Date	Novice's Name	PFF Level	MSI / RSI	Describe student's skill performance, outcome, areas for improvement	Certified PFFI Verification & CSPA # (signature of witness)
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						

PFFI 1:1 Evaluation Form (to be done after the 25 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	.6	.8	1.0
Ground rehearsal: correct content	.2	.4	.6	.8	1.0
sufficient repetition	.2	.4	.6	.8	1.0
realistic (training aids)	.2	.4	.6	.8	1.0
Skill area tasks (all phases of skills grid)	.2	.4	.6	.8	1.0
Landing briefing (winds, spot, ground control, etc.)	.2	.4	.6	.8	1.0
Safety check/ Pin Check	.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 proper	.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 control	.2	.4	.6	.8	1.0
Debriefing: awareness	.2	.4	.6	.8	1.0
constructive correction	.2	.4	.6	.8	1.0
practice areas for improvement	.2	.4	.6	.8	1.0
logging the jump	.2	.4	.6	.8	1.0

A minimum of 22 is required to pass _____/28

I, _____ a **Certified PFFI** and CSPA # _____
 (Print Evaluator's Name)

did directly witness and verify that the above 1:1 PFF jump contact was made, evaluated by myself and found to be satisfactory.

Signature _____ Date _____

Practical Experience Document

Nom: _____

CSPA # _____

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

Number of PFFI jumps since course completion: _____

Number of PFFI ground schools taught since course completion: _____

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 PFFI Certified

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 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 #