



# *DRIVE CANADA*

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## CLINIC CREDIT REQUEST

Name: \_\_\_\_\_  
DC Member # \_\_\_\_\_; EC Sport License # \_\_\_\_\_; License: \_\_\_\_\_ Level: \_\_\_\_  
Address: \_\_\_\_\_  
City, Prov: \_\_\_\_\_ Postal \_\_\_\_\_  
Telephone: \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_ (Other)  
E-mail: \_\_\_\_\_

### Instructions:

Complete the above information and attach a copy of the clinic requirements, agenda and Course Conductors to this application. Leave with the Course Conductor in a prepaid, addressed envelope (marked "Confidential") for mailing directly to:

Equine Canada  
FEI non-Olympic disciplines department  
Suite 101, 2685 Queensview Drive  
Ottawa, ON K2B 8K2

### Certification:

This is to certify that the Equine Canada licensed official above has successfully completed all the prerequisites and requirements for full clinic credits at a licensed officials clinic held:

Date: \_\_\_\_\_, 20\_\_ at \_\_\_\_\_.

Course Conductor comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Course Conductor: \_\_\_\_\_ Signed: \_\_\_\_\_

Signed: \_\_\_\_\_, Chair Licensed Officials Committee

Date: \_\_\_\_\_