



USFCA NCDP Certification Audit Request Form

L2 - Assistant Moniteur

Candidate Name as you would like it to be on your certificate _____

Weapon for Evaluation _____ Other weapons at this level or higher? _____

USFCA Membership # _____ USA Fencing Membership # _____

Mailing Address _____

Telephone Number _____ Email Address _____

Please verify you have completed all the requirements for certification at this level by checking off the appropriate boxes and giving the information needed. A USFCA Certification Auditor will confirm the details before issuing your certification.

Items for First Weapon Only

Class hours - you have completed these learning modules through our LMS

CFD 101 Becoming a Fencing Coach

CFD 202 Foundations of Group Teaching

SFA 101 First Aid, Health & Safety for Coaches Online Training

Candidate Check Auditor Check

☐☐☐☐☐☐

Written Exam Pass Date _____

☐

Items for First and Subsequent Weapons

Technical Skill Ability Log or Waiver uploaded

☐☐

In person Clinic ☐ or Registered Mentorship ☐ (16 hours)

Clinics or mentorships: Dates, Locations, and Coach Developer

☐

Formative Assessments Completed at this level and weapon (should be 4)

☐☐

Teaching Log - Group (20 hours)

☐☐

----- Do not write below this line (USFCA Staff use only) -----

I certify that _____ has met all of the requirements for the certification as an Assistant Moniteur in _____

USFCA Auditor _____ Date Completed _____