



USFCA NCDP Certification Audit Request Form

L3 - 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	Candidate Check	Auditor Check
CFD 301 Strengthening the communication between coach and athlete	☐	☐
KIN 301 The Art of Safe Fencing: Key Techniques to Prevent Injury	☐	☐
Elective Courses: List Course numbers and titles of the modules you are using to apply towards this level (6 hours are required, prerequisites for the above courses may NOT be used as electives for this level)		

_____ ☐

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)	☐	☐
Teaching Log - Individual (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 Moniteur in _____

USFCA Auditor _____ Date Completed _____