



NCCP Professional Development Report Form

(For Instructors and Competition Coaches)



Name: _____ NCCP # _____

Email: _____ HCBC # _____

Name of Event: _____

Date(s) of PD Event: Mandatory _____ Venue: Mandatory _____

Venue Address: Mandatory _____ City: Mandatory _____ Province: _____

Organizer/Host: Mandatory _____

Description of PD Event: Topics and Material Covered: ****Please attach event advertisement or registration form****

Clinician(s): _____

Clinician Accreditation: _____

Number of hours spent participating: _____

Points are assessed at 1 point per hour to a maximum of 3 points per event.



I hereby certify that the above named coach/instructor has completed the above number of hours of instruction or participation at the clinic/seminar/lessons/workshop/event as described above.

Signature of Clinician/coach/organizer: _____ date: _____

Please return this form to HCBC within **3 months** of the PD event:

Horse Council BC

Attention: Wendy Sewell, Coaching and Education Manager

27336 Fraser Hwy, Aldergrove, BC V4W 3N5

Fax: 604-856-4302

1-800-345-8055 toll free phone

coaching@hcbc.ca

www.hcbc.ca

To receive Professional Development Points Coaches and Instructors must use this form and submit to HCBC by fax, email, mail or drop off at the office.