

PSIA AASI WESTERN DIVISION

Pathway to becoming a Member of the XC Education Team

Clinician's Name _____

Current Dues and Credit Hours _____

Level 3 XC Certification - Year certified _____

		Date	Verified By:
Attended Fall Ed Team Day			
Letter of Interest w/ 2 references			
Interview w/ XC Chair			
	Topic	Date	Verified By:
Clinic Observation #1			
Clinic Observation #2			
Lead Clinic			
	Reference	Date	Verified By:
Letter of Support #1			
Letter of Support #2			
		Date	XC Chair Sign Off
Final Interview			

Continued Pathway to Division Examiner

	Level	Date	Verified By:
Shadow Prep/Exam #1			
Shadow Prep/Exam #2			
Final Interview			

