



PSIA - Rocky Mountain Division- AASI
Rocky Mountain Ski Instructors
Educational Foundation



SPECIAL ORDER CLINIC CREDIT UPGRADE ATTENDANCE VERIFICATION

Completed form, along with \$50.00 per day upgrade fee, must be returned to the Rocky Mountain office to receive education credits.
Application for credit will be reviewed by the Executive Director and office staff.
If there are any problems you will be notified.

THIS IS TO VERIFY THAT _____
(NAME AND MEMBERSHIP NUMBER)

ATTENDED THE SPECIAL ORDER CLINIC ON _____
DATE(S)

AT _____
LOCATION

THE GROUP LEADERS WERE:

CURRICULUM CONTENT OF THE CLINIC / PROGRAM WAS:
(PLEASE ATTACH A CURRICULUM DESCRIPTION TO YOUR APPLICATION.)

SIGNED: _____
(CLINIC LEADER / DIRECTOR)