

2025 ASSESSMENT APPLICATION

LICENTIATE ASSESSMENT

Tour Number:	(Head Office)
Examination Dates:	

CANDIDATE DETAILS	
First name:	Last name:
Personal mailing address:	
City, Province:	Postal code:
Phone / Cell:	Email:
Birth date:	

PREREQUISITES
<ol style="list-style-type: none"> 1. CC Advanced 2 qualification 2. Associate Diploma qualification 3. Completion of 5 years teaching the Cecchetti method with experience teaching at an Advanced 1 level 4. Results of a minimum of 12 hours of examinations entered after achieving Associate Diploma qualification

TEACHER / COACH INFORMATION	
(Teacher who is entering you, and to whom you results will be mailed)	
Teacher's name:	
Teacher's mailing address:	
City, Province:	Postal code:
Phone:	Email:
Other coaches during the last 6 months?	
(After completing this form candidates should not receive instruction from any examiner other than those named above.)	

EXAMINATION DETAILS
Examination studio:
City, Province:
Date of examination:

Please continue on next page

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Important information regarding your Assessment application:

There are no refunds or credits when cancelling an Assessment.

No correspondence concerning the result of the assessment may be entered into. The decision made by the Examiner is final.

Mail this application form (A009) and results of a minimum of 12 hours of examinations to:

Susan Sheffield
Operations Manager/Examination Administrator
525 Lorne Street, Gravenhurst, ON P1P 1N1
Tel: 705-684-9991 Fax: 705-684-9991 office@cecchetticanada.com

Please remember to make a copy of this application for the teacher who is entering you for this assessment.

Signature of Candidate: _____ Date: _____

A CC member may be entered by a teacher or by yourself. If you enter yourself please sign on both lines.

Teacher's Signature: _____ Date: _____

Teacher's Membership #: _____