

**Cecchetti Canada**  
**2019 Examination Application**

(Form A016)

**FAST TRACKING – LICENTIATE PD EXAMINATION**  
**STAGE 3**

Tour Number:	(Head Office)
Examination Dates:	

<b>CANDIDATE DETAILS</b>	
First name:	Last name:
CC Membership number:	
Personal mailing address:	
City, Province:	Postal code:
Phone:	Email:
Birthdate:	

<b>PREREQUISITES</b>
<ol style="list-style-type: none"><li>1. Successful completion of Teaching assessment – date: _____</li><li>2. A minimum of 1 year teaching ballet classes</li><li>3. Mentored and entered by a CC Licentiate or Fellow member</li></ol>

<b>EXAMINATION DETAILS</b>
Examination studio:
City, Province:
Date of your scheduled examination:

<b>MENTOR INFORMATION</b>	
(Teacher who has been coaching you within the last 6 months)	
Teacher name:	
Teacher mailing address:	
City, Province:	Postal code:
Phone:	Email:

Please continue on next page

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<b>TEACHING EXPERIENCE (Cecchetti Method, minimum one year)</b>		
<b>Name of Studio</b>	<b>No. of years Teaching</b>	<b>Teaching Full Time / Part Time</b>

**Procedures for submitting your FT PD Licentiate examination application:**

A non-refundable deposit of \$150 for this examination along with application is required in order to reserve your examination.

**Deposits:**

<b>For examinations in:</b>	<b>Deadline for deposits and form A016:</b>
Spring/Summer (March – June)	<b>October 1</b>
Fall/Winter (November – February)	<b>May 1</b>
Summer School (end of July – August)	<b>January 1</b>

**Steps for submitting final Qualifying Exam Package:**

The following items must be received by Cecchetti Canada Head Office 6 weeks prior to start of exam tour, or if a Provincial Exam Coordinator is involved must be received by coordinator 8 weeks prior to start of tour.

Candidates for PD Licentiate must submit the following items with their application package:

1. Photocopies of three timetables with results for at least three previous examination sessions.
2. This application form (A016)
3. Balance of examination fees

Please mail the above items to:

**Susan Sheffield  
Canadian Examination Administrator  
525 Lorne Street  
Gravenhurst, ON P1P 1N1**

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Candidates who cancel their examination before the closing date (6 weeks before exam) are entitled to 50% of their examination fee (less deposit) in the form of a credit which may be used for a future examination session. This will only be granted to those cancellations accompanied by a medical certificate which has been approved by the Head Office of Cecchetti Canada. There will be no refund/credit if examination is cancelled after the closing date.

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

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**Agreement:**

I the undersigned agree that I will loyally adhere to the rules of Cecchetti Canada, advance its purposes, and attend its meetings as often as possible. Upon removal of my name from the Register of Members, through any cause whatsoever, I will pay all arrears that are due, and surrender the Certificate of Membership and any other property of Cecchetti Canada.

I certify that the particulars on this application form are correct, and that I will observe the conditions and requirements published in the syllabus of this examination. Furthermore, I have read and accept the Code of Professional Conduct and Standards of Good Practice.

Signature of Member: \_\_\_\_\_

Date: \_\_\_\_\_

Print Teacher's Name: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_