

2026 EXAMINATION APPLICATION

FAST TRACKING – LICENTIATE PD EXAMINATION STAGE 3

Tour Number:	(Head Office)
Examination Dates:	

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

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

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

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

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TEACHING EXPERIENCE (minimum one year)		
Name of Studio	No. of years Teaching	Teaching Full Time / Part Time

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:

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

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
Operations Manager/Examination Administrator
525 Lorne Street
Gravenhurst, ON P1P 1N1

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If a Qualifying or Enrico Cecchetti Diploma examination cancellation is accompanied by a medical certificate, a credit of 50% of the examination fee shall be carried forward for a maximum of two years before forfeiture. Deposits are non-refundable. A credit will only be granted to those cancellations accompanied by a medical certificate which has been approved by Cecchetti Canada.

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

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: _____