

2025 APPLICATION - RAD/ISTD to Cecchetti

STAGE 2

ASSESSMENT

Important information upon approval of Stage 1:

- Connect to a mentor (Licentiate or higher) with the assistance from either Head Office or Board of Examiners based on Geographical Location
- Study with the mentor for a minimum of 40 hours, with a signature from the mentor at the end of the session
- Enter two sponsored exam sessions of Grades or Standards with a minimum of 3 hours each session, *sessions to be examined by two different examiners
- After each session of exams, the examiner will *make a recommendation to proceed*

Mentor and two examiners sign *collectively a recommendation to the board of examiners*

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

TEACHER / MENTOR INFORMATION <small>(Mentor must have Licentiate or higher qualification)</small>	
Teacher's name:	
Teacher's mailing address:	
City, Province:	Postal code:
Phone:	Email:

40 hours of study completed by applicant signed by Teacher/Mentor:

Signature of Teacher/Mentor

Please continue on next page



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Mail this application form (A019) and supporting documents 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 your teacher/mentor.

Signature of Candidate: _____

Date: _____

Once recommendation is approved and signed by both mentor and 2 examiners, upon receipt of membership fees you will become a full permanent **Associate** member of Cecchetti Canada.

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.

Signature of Candidate: _____ Date: _____

Your teacher must sign this application

I _____ of _____ School, verify that
_____ has completed a minimum of **40 hours** of study

Teacher's Signature: _____ Date: _____

(must be Licentiate or higher)

Teacher's CC Qualification: _____