

MSF RiderCoach Preparation Candidate Prerequisite Check List

MSF Basic <i>RiderCourse</i> Completion Date:	
Knowledge Test Score://	Skills Evaluation Score:/
Completed "Shadowing" Range and Classroom Sessions:	
Session 1 Date:/	Lessons Observed:
RC Name and Signature:	
Session 2 Date:/	Lessons Observed:
RC Name and Signature:	
Classroom Observation Date(s):/	
Notes:	
RC Signature:	
Oral Review of BRC Range Cards (presentation ability):	
First Aid Training Complete: Date of Training:	
CPR Training Complete: Date of Training:/	
First Aid/CPR Training Verified by (RC#):	
DMV Record Obtained (date):/	
Site Manager or Site Administrator Signature:	
Date: / /	

REV 051807