



# U.S. Chung Do Kwan Association

Attention: Office of the Kwan'Jang  
SPECIAL EVENTS OFFICE

P.O. Box 1474 • Lakeland, FL 33802

Phone: (863) 858-9427 • Fax: (863) 858-4437 www.uscdka.com



## PERFORMANCE VIDEO/DVD PRESENTATION TO KWAN'JANG USCDKA Black Belt Final Test/Pre-Test/Personal Evaluation

PLEASE READ THIS DOCUMENT IN IT'S ENTIRITY

Submitted by:

Sr. Instructor's Name: Bill Kelly

School Name: Shield Tae Kwon Do

Phone #: (804)938-8948

Email: shielddaekwondo@gmail.com

NOTE: If Sr. Instructor is the Testing Candidate, his/her Sr. Instructor is the Kwan'Jang

Total time training (Active years/months only): \_\_\_\_\_

Testing Candidate's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

\*Request a Dan Evaluation for:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>

Date of Video Recording: \_\_\_\_\_

If this is for a Final Test, the date above will be considered the official date of examination.

ATTN: SR. INSTRUCTOR, IF YOU ARE THE CANDIDATE, YOUR BELT SIZE IS NEEDED: \_\_\_\_\_  
Belt size?

\*Process fee is \$50 per candidate, which includes an evaluation report via a telephone conference or email.

\*Amount of Examination/Evaluation/Reviewing Fee enclosed is: \_\_\_\_\_

NOTE: Make check payable to USCDKA. Send to Special Events Office, P.O. Box 1474, Lakeland, FL 33802

**An Official Examination/Evaluation can not be conducted without required Documents & Fees!**

I wish to submit this Video/DVD Presentation to be processed as a:

Final Test  Pre-Test  Basic Evaluation  Annual Evaluation

ATTENTION SR. INSTRUCTOR: #1. Please make a copy of this form for each candidate that is performing in the enclosed DVD/Video. #2. Place your over-all score in this box:

NOTE: If this is a Sr. Instructor's Exam/Evaluation, score yourself:  Candidate's signature of approval \_\_\_\_\_

**BELOW IS FOR EXAMINATION OFFICIAL'S USE ONLY:**

Date Received: \_\_\_\_\_ Date Viewed: \_\_\_\_\_

Passed  Postponed  Incomplete

Over all score from 5 to 10:  5 & 6 being the lowest and subject to re-test

Comments: \_\_\_\_\_

Signature/Initials of authority viewing the DVD/Video: \_\_\_\_\_

**FOR CREDENTIALS DEPT:**

Date certification processed: \_\_\_\_\_, 20\_\_ Date certification sent to Sr. Instructor: \_\_\_\_\_, 20\_\_