AFA Provisional Tester Evaluation

Provisional Tester: ________________________________________________________ AFA#: _____________

Address: ______________________________________________________________________________________

City: _____________________________ State/Province: ___________ Zip/Postal Code: _________________

Phone: _______________________ E-Mail: ___________________________________________________________

Certifications/Updates attended as Provisional Tester:

Date: _______ Location:________________________ Examiner:______________________________

Date: _______ Location:________________________ Examiner:______________________________

Date: _______ Location:________________________ Examiner:______________________________

Date: _______ Location:________________________ Examiner:______________________________

To become an AFA Approved Tester each of the following (when available) must be carried out by the Provisional Tester and approved by an AFA Approved Examiner during a minimum 1 year provisional period with a minimum of 3 certifications/tester updates under 2 different examiners.

The Provisional Tester has demonstrated working knowledge of scoring and ability to fill out all necessary paperwork for each of the following sections:

AFA Farrier Classification-FC

• Written Date: _______ Location: _____________________ Examiner: ___________________
• Practical Date: _______ Location: _____________________ Examiner: ___________________

AFA Certified Farrier-CF

• Written Date: _______ Location: _____________________ Examiner: ___________________
• Practical Date: _______ Location: _____________________ Examiner: ___________________
• Shoe Display Date: _______ Location: _____________________ Examiner: ___________________
• Explanation Date: _______ Location: _____________________ Examiner: ___________________
• Demonstration Date: _______ Location: _____________________ Examiner: ___________________

AFA Certified Tradesman Farrier-CTF

• Practical Date: _______ Location: _____________________ Examiner: ___________________
• Open Heel Shoe Date: _______ Location: _____________________ Examiner: ___________________

AFA Journeyman Certified Farrier-CJF

• Written Date: _______ Location: _____________________ Examiner: ___________________
• Practical Date: _______ Location: _____________________ Examiner: ___________________
• Bar Shoe Date: _______ Location: _____________________ Examiner: ___________________

• Certification Date: _______ Location: _____________________ Examiner: ___________________
  Administrative - Certification Test Results Page(s)
  Paperwork - Certification Partial Completion Form/Candidate Cover Page
The Evaluating Examiner will circle the number most representative of the Provisional Tester’s performance during the Certification: (5 = excellent; 4 = good; 3 = average; 2 = poor; 1 = unacceptable)

- Understands primary objective of Certification Program 5 4 3 2 1
- Conducts evaluations in a non-personal, professional manner 5 4 3 2 1
- Ability to ‘take control’ if needed 5 4 3 2 1
- Willingness to uphold and maintain the accepted minimum standard 5 4 3 2 1
- Comfortable speaking in front of a group 5 4 3 2 1
- Ability to communicate with candidates, without being intimidated by them and/or offend them and only after having been asked to do so by the Approved Examiner at the Certification 5 4 3 2 1
- Ability and willingness to communicate and work well with other Testers 5 4 3 2 1
- Well organized 5 4 3 2 1
- Understanding and accuracy of Certification paperwork 5 4 3 2 1
- Professional attitude, behavior 5 4 3 2 1

- **Highly Recommend**  
  Comments: (required)

- **Recommend. Needs more testing experience**  
  Comments: (required)

- **Do Not Recommend. Suggest Renewal of Certification Status.**  
  Comments: (required)