

INSTRUCTION FOR JIE RANKING APPLICATION

INTRODUCTION

- You must submit an application form to participate in a ranking event at any level.
- Use the standardized form to provide all required information.
- Date format throughout the form is: yyyy-mm-dd
- Fill out and save as a .pdf file.
- Submit the form, either in print form or electronically, with any attachments, and the
- required application fee to the Jie ranking event sponsor or reviewer.

SECTION ONE. IDENTIFICATION

Fill in all required information.

• Your membership in the association must be current in order to be ranked.

SECTION TWO. PRACTISE EXPERIENCE

You may write your practice experience on the application form or write it separately and attach it to the form.

- List dates and topics of your practice experience such as study, training, teaching, etc. Provide names and locations of teachers, schools, seminars, private lessons. Include training in Yang Family Tai Chi Chuan at a Yang Family Tai Chi Center, with association Academy, Certified and Associate instructors and with Yang Family Tai Chi members.
- Include other tai chi chuan (taijiquan) studies, other martial arts, qigong or other styles of internal training, other associated studies or research in the healing arts or meditative arts and related areas.
- If you think it is relevant, include your professional experience and current profession.

SECTION THEEE. TEST RESULTS AND REVIEWER COMMENTS

This section is reserved for the reviewer's use only





YANG FAMILY TAI CHI CHUAN JIE RANKING CANDIDATE'S APPLICATION FORM

I. IDENTIFICATION			
First Name	Last Name	Gender: Male Female Birth Date: MM/DD/YYYY	
Address			
City	State/Province	Country	Zip Code
•		•	
Phone	Email	YCF Center & Affiliated School	
	Rank:		
Member ID	Select Current Rank	Date Obtained	Rank Applied For
PRACTICE EXPERIEN			
'lease tell us about you	ır background in martial arts and your practice	experience in Yang Family Tai C	hi Chuan.)
TEST RESULTS AND R	REVIEWER COMMENTS		
TEST NESSETS AND I	REVIEWER COMMENTS		
Reviewer's Name:			
Reviewer's Signature:		Review Date	:
J			
Recorded by Ranking Dent:		Record Date:	

