



# IPMBA

International Police Mountain  
Bike Association

## IPMBA Instructor Course Application Instructor Recommendation Form

*(To be completed by an active IPMBA Instructor. Required if you did not attend an IPMBA Public Safety Cycling Course; optional but recommended for IPMBA-trained candidates.)*

Applicant's Name: \_\_\_\_\_

Department: \_\_\_\_\_

The above-named applicant is applying for acceptance into the *IPMBA Instructor Course*. Your recommendation is an important part of this application. Please answer the following questions accurately, honestly and objectively. You may attach additional sheets as necessary. Please do not take your recommendation lightly; if you are not comfortable providing a recommendation for the student, please indicate the rationale for your decision in the "Additional Comments" portion of the form.

Where a rating scale is provided, please consider five (5) to be the highest score.

**Written Test Score:** \_\_\_\_\_ (minimum 90%)

1. Please rate the applicant's enthusiasm for bikes, bicycle duty, and the IPMBA Course.

1      2      3      4      5

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

2. Please rate the applicant's on-bike skills.

1      2      3      4      5

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

3. Please rate the applicant's traffic cycling skills.

1      2      3      4      5

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

4. Please comment on the applicant's skill or aptitude for bike repairs, if known.

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



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5. Please comment on the applicant's aptitude for the material, based upon written and verbal testing and performance.

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

6. In your opinion, what strengths qualify the applicant to be certified as an *IPMBA Instructor*?

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

7. In your opinion, in which area(s) does the applicant need improvement?

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

8. What is your overall impression of the applicant's suitability as an IPMBA Instructor?

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

Please use the space below for additional comments, if desired.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Instructor Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Please return this form to the applicant for inclusion in the application packet.**

**If you prefer, you may mail/fax/email it to:**

**IPMBA**

**583 Frederick Road, Suite 5B/Baltimore MD 21228/**

**Phone 410-744-2400/Fax 410-744-5504/events@ipmba.org**