

# *National Search Dog Alliance (NSDA)*

## *Trailing III Test Prerequisites*

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Handler's Name:	Dog's Name:
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The team being tested must provide documentation verifying completion of all the testing prerequisites before the field test may be taken. Copies of original documents showing successful completion of the following shall be presented in an organized fashion (notebook, stapled, folder, etc). NSDA may request these copies in advance of the actual testing event. The documents will not be returned.

All candidates are required to take and pass the Discipline Prerequisite test prior to any discipline specific test - see online testing [www.n-sda.org](http://www.n-sda.org).

**Note:** Trailing III is not a pre-requisite for Trailing II. However, for new or inexperienced handlers, the Evaluator may require completion of Trailing III prior to testing for Trailing II.

<b>K-9 is at least one (1) year of age:</b> copy of proof from veterinarian, AKC registration or similar organization registration	
<b>NIMS 200, 700 &amp; 800.b (or current version)</b>	
<b>Basic First Aid or higher:</b> copy of certificate/card from American Red Cross or other recognized organization	
<b>CPR Certification:</b> copy of certificate/card from American Heart Assoc., American Red Cross or other recognized organization	
<b>Temperament evaluations:</b> copy of certificate from AKC Canine Good Citizen, Therapy Dog International, Schutzhund title, AKC obedience title or other nationally known obedience title	
<b>Current vaccinations:</b> : copy of veterinary records of <i>current*</i> rabies, distemper, and parvo or positive titer results for each taken within the last 6 months. <i>*Current</i> is defined as within last twelve (12) months or a documented three (3) year vaccination in the last thirty-six (36) months.	
<b>Training Logs for past 6 months:</b> copy of logs showing current training in Trailing consistent with the level of training needed to pass test	
<b>NSDA Trailing written test:</b> copy of certificate or proof of passing	
<b>Letter of recommendation:</b> copy from SAR coordinator, deploying agency or agency that will deploy once certified	
<b>Testing fee received</b>	

Evaluator(s) Printed \_\_\_\_\_

Evaluator(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_