

National Search Dog Alliance (NSDA)

Area Search I, II & Scent Discriminating Test Prerequisites

| | | |
|-----------------|-------------|-------|
| Handler's Name: | Dog's Name: | Date: |
|-----------------|-------------|-------|

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. If so, 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.

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

Evaluator Name(s) Printed: _____

Evaluator(s) Signature(s): _____ Date: _____

_____ Date: _____