

National Search Dog Alliance (NSDA)

Area Search & Area Search Scent Discriminating Test Prerequisites

Handler's Name	Dog's Name:	Date:
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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 documents in advance of the actual testing event. If so, the documents may not be returned.

*****If this is an NSDA recertification, you will only need to present the five (5) items with the red asterisks plus a copy of your previous certificate.**

All candidates are required to take and pass the Discipline Prerequisite test prior to the discipline specific test - see on-line testing www.n-sda.org.

K-9 is at least one (1) year of age: copy of proof from veterinarian, AKC registration or similar organization registration	
ICS 200 (or current version) Basic NIMS ICS for Operational First Responders: copy of certificate	
***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 <i>current</i> * rabies, distemper, and parvo or positive titer results for each taken within the last six (6) months. * <i>Current</i> is defined as within the 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 (standard) consistent with the level of training needed to pass test	
NSDA Area Search online test: copy of certificate or proof of passing	
Letter of recommendation: From SAR coordinator, deploying agency or agency that will deploy once certified	
***Testing fee or copy of receipt for prepayment	

Evaluator Name Printed: _____

Evaluator Signature: _____ Date: _____