



## USEF REQUEST FOR PARA EQUESTRIAN CLASSIFICATION

### Who can request USEF Classification?

An athlete with impairment(s) can submit a request to the USEF to undergo a Classification Evaluation for the purpose of competing in USEF Para Equestrian competition.

### Eligibility Requirements according to FEI Para Equestrian Rules:

All Athletes with a disability who intend to be classified must produce a USEF Medical Diagnostic Form stating their full medical diagnosis. Each Athlete must have an Eligible Impairment that leads to permanent and verifiable activity limitation(s) that can be measured objectively. Those Athletes with a minimal impairment must meet the Para-Equestrian **Minimal Impairment Criteria** in order to compete in Para-Equestrian Events. Eligible impairments include:

*Hypertonia, ataxia, athetosis; impaired passive range of movement; impaired muscle power; limb deficiency; leg length difference; short stature; vision impairment.*

### The Classification Process

USEF Classifications may be offered at recognized competitions, at USEF or affiliate sponsored clinics or other USEF approved events. All Athletes with impairment who intend to participate in a USEF Classification evaluation must proceed through the Classification procedure as below:

<b>Step 1.</b>	Athlete applies to the USEF to request a Classification evaluation for PE at least 6 weeks prior to the competition/event. The application <u>must</u> include: <ul style="list-style-type: none"><li>• The USEF Classification Request Form</li><li>• Completed and signed USEF Consent for Classification</li><li>• USEF Medical Diagnostic Form and any additional supporting medical documentation</li></ul>
<b>Step 2.</b>	All documentation is forwarded by the USEF to the Chief Classifier to determine if the athlete meets the Eligibility Criteria described above.
<b>Step 3.</b>	The Classifier will make a decision, either <ul style="list-style-type: none"><li>• Request further information from the athlete through the USEF in regards to support the diagnosis and impairment. This request may include additional medical documentation such as reports or copies of medical investigations. USEF will request the additional information from the athlete and forward to the Classifier for a decision whether the classification may proceed. .</li><li>• Approve the request</li><li>• Not approve the request</li></ul>
<b>Step 4.</b>	The Classifier will inform the USEF of the final decision in writing; if the Request for Classification has not been approved, the reason(s) will also be provided.
<b>Step 5.</b>	The Classifier will inform: <ul style="list-style-type: none"><li>•The USEF at which event/competition the athlete evaluation can occur</li><li>•The OC for the USEF competition of athletes to be scheduled for classification</li></ul>
<b>Step 6.</b>	Athlete attends event or competition and undergoes evaluation by a Classifier and has the right to have another individual present.
<b>Step 7.</b>	The Athlete's classification is sent to the USEF. Once approved, the Athlete's details are indicated on a USEF Dispensation/Classification Certificate and then sent to the athlete.



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### Making a USEF Classification Request

The Classification request must be made to the USEF at least 6 weeks prior to the scheduled classification, and include:

1. The USEF Classification Request Form, completed legibly and in English;
2. USEF Consent for Classification Form
3. USEF Medical Diagnostic Form and any additional medical documentation that demonstrates the athlete's impairment.

Fee for a USEF classification is \$40. Cash or Check made payable to O.C. at the time of the classification.

### USEF Classification Request Form

#### Athlete Details

Last name:			
First name:			
USEF Member #:			
Email:			
Address:			
City:			
State:		Zip code:	
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Does the Athlete have a previous Classification:		<input type="checkbox"/> No <input type="checkbox"/> Yes	
If <b>yes</b>	Date:	Grade:	Grade Status:

#### Competition or event at which the athlete is requesting a USEF Classification Evaluation, at their own expense:

Competition/event name:		Date:	
Location (City):			
I intend to ride at this competition/event. <input type="checkbox"/> Yes <input type="checkbox"/> No			

Requests are to be submitted by the Athlete to the USEF at:

Laureen Johnson, USEF Director of Para  
Equestrian  
22 Rutherford Drive  
Belvidere, NJ 07823  
Fax: 908-520-3641  
[lkjohnson@usef.org](mailto:lkjohnson@usef.org)



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Before sending this form to the USEF please ensure the following:

- └ **USEF Classification Request Form completed legibly**
- └ **USEF Consent for Classification** completed and signed (by the athlete) is attached
- └ **USEF Medical Review Form** completed and signed (by the athlete and the medical doctor) and any additional supporting medical documentation is attached

### For USEF use only

Date Classification Request Form and documentation received:			Click here to enter a date.
Date submitted to Classifier(s):			Click here to enter a date.
Decision 1:	Choose an item.	Date:	Click here to enter a date.
Reason:			
Date NF notified by Classifier:	Click here to enter a date.		

If Decision 1 was to request further information, please complete information below

Date further information and documentation received by USEF:			Click here to enter a date.
Date re-submitted to Classifier(s):			Click here to enter a date.
Decision 2:	Choose an item.	Date:	Click here to enter a date.
Reason:			
Date NF notified by Classifier(s):	Click here to enter a date.		

If approved:

Athlete to be classified at:		Date:	Click here to enter a date.
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