

FLIGHT CLINIC – ATTENDANCE ROSTER AND CERTIFICATION OF PARTICIPATION WORKSHEET

CLINIC HELD ON:		SPONSORED BY:		
NOTE: In order to obtain safety education credit, each pilot in attendance must sign below. After-flight phase entries include flight time (FT) and nature of flight [e.g., general proficiency (GP), FAA flight review (FR), FAA instrument proficiency check (IPC) or Form 5 (F5)] Example: 0.9/GP				
Typed/Printed Name & Signature	Date	CAPID *	Charter No.	After-flight Phase (See note above)
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25.				

* This pilot attended at own expense due to ineligibility for appropriated training funds.

Activity Director Certification: I certify that the above listed individuals have completed the ground or ground & air phases of the flight clinic and are eligible for appropriated reimbursement.

Activity Director Typed/Printed Name & Signature (below):

Notice: Data from this worksheet and a scanned PDF of this worksheet will be loaded into WMIRS.