



## **HBPA of Ontario**

Woodbine Race Track Office

P.O. Box 156, 555 Rexdale Blvd., Toronto, Ontario M9W 5L2

Phone: 1-800-268-9967 ext. 2249 or 416-675-3802

Fax: 416-675-5569 / Email: [cep@hbpa.on.ca](mailto:cep@hbpa.on.ca) / Website: [www.hbpa.on.ca](http://www.hbpa.on.ca)

### **ASSISTANT TRAINER'S APPLICATION AND TESTING INFORMATION**

#### **APPLICATIONS**

Applications are due three weeks prior to the scheduled test dates listed below. All applications must be complete and include **ALL** back up documentation required by 3pm on the due date; **NO** additional documentation will be accepted after 3pm on the due date. If the applicant requires an Oral test this request must be submitted with the application.

#### **2020 TEST DATES**

##### Application's Due

March 11<sup>th</sup>, 2020

April 1<sup>st</sup>, 2020

May 13<sup>th</sup>, 2020

July 2<sup>nd</sup>, 2020

September 2<sup>nd</sup>, 2020

##### Test Date

March 25<sup>th</sup>, 2020

April 22<sup>nd</sup>, 2020

June 3<sup>rd</sup>, 2020

July 22<sup>nd</sup>, 2020

September 23<sup>rd</sup>, 2020

#### **ASSESSMENT**

The HBPA Trainer and Assistant Trainer Testing Committee assess applications individually, based solely upon the documentation provided; the Committee may approve or deny applications.

#### **FEES**

Trainer's test – Initial fee is \$200.00 and retest is \$25.00

Assistant Trainer's test – Initial fee is \$100.00 and retest is \$25.00

***\*Please note all applicable fees must be paid in full before any test can be taken***



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### **TESTS**

#### **PRACTICAL**

The Practical test is the hands-on test done in the barn. It is to be completed prior to the written tests. Applicants will be asked questions and are required to put on and fit any tack or bandages used in training or racing. This test is graded as Pass or Fail. Applicants must pass the practical in order to write the Horsemanship and Rules Tests.

#### **HORSEMANSHIP**

The Horsemanship Test consists of 50 multiple choice questions. These questions are based on anatomy, physiology, equine systems, illness, lameness, nutrition and general knowledge of the race track.

#### **RULES**

The Rules Test consists of 50 multiple choice questions. These questions are based on the Alcohol and Gaming Commission's (AGCO) Rules of Thoroughbred Racing, the Canadian Pari-Mutuel Agency's (CPMA) Schedule of Drugs and general practices.

**\*\*Applicants are responsible for ensuring they have all the most current books to study from.**

### **MARKS**

#### **TRAINER'S TEST**

Applicants must achieve a mark of 90% or greater on each individual test. If the applicant gets a mark of 70% to 88%, they can write once more that year; if they get a mark less than 70% they must wait until the following calendar year to apply to re-write. If the applicant fails two tests in any given year they will have to wait until the following calendar year to apply to write again.

#### **ASSISTANT TRAINER'S TEST**

Applicants must achieve a mark of 80% or greater on each individual test. If the applicant gets a mark of 60% to 78%, they can write once more that year; if they get a mark less than 60% they must wait until the following calendar year to apply to re-write. If the applicant fails two tests in any given year they will have to wait until the following calendar year to apply to write again.

**\*\*\*IF THE APPLICANT HAS ANY CONCERNS ABOUT ONE OF THE TEST QUESTIONS THEY WILL BE REQUIRED TO SUBMIT THEIR CONCERNS IN WRITING, INCLUDING THE TEST QUESTION NUMBER AND REASONS FOR THEIR CONCERNS. ALSO, INCLUDED WILL BE THEIR NAME, TEST DATE AND CONTACT INFORMATION.**



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### **ASSISTANT TRAINER'S APPLICATION CRITERIA**

1. An Assistant Trainer whose license has not lapsed over three (3) years is not required to re-apply.
2. Five (5) years of practical (grooming) experience in horse care at a race track with an outfit that has at least five horses. \*
3. Must complete Assistant Trainer's application.
4. Provide all documents listed on the Document Checklist.
5. Provide a job offer letter from an AGCO Licensed Trainer who:
  - Has been licensed as a Trainer for at least three years
  - Has at least eight horses in training at a race track at the time of application
  - Had at least five horses in training the prior year
6. Pay all testing fees in full prior to writing the Assistant Trainer's test(s).
7. Pass the HBPA of Ontario Assistant Trainer's test(s) with minimum grade of 80% on each test.
8. If an applicant fails any of the tests with:
  - A mark between 60% and 78% they can write once more that year. If they fail again, they must wait until the following calendar year before applying to re-write the Assistant Trainer's test(s).
  - A mark less than 60% they must wait until the following calendar year to apply to rewrite the test(s).

#### **\*Subject to the discretion of the HBPA Trainer's Testing Committee**

- Oral testing may be considered where there are mitigating circumstances.
- Applicants may be evaluated by the HBPA Board of Directors for final approval.

#### **PLEASE NOTE**

**Ontario residents or persons domiciled in Ontario that have within (1) one calendar year acquired an Owner/Trainers, Public/Trainer or Assistant Trainer's license in a foreign racing jurisdiction MUST comply with the HBPA of Ontario qualification criteria before obtaining a Trainer's or Assistant Trainer's license in Ontario.**



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## ASSISTANT TRAINER'S APPLICATION (please print)

LAST NAME:

FIRST NAME:

MIDDLE NAME:

DATE OF BIRTH (DAY/MONTH/YEAR):

AGCO LICENSE #:

MAILING ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

RESIDENCE PHONE #:

OTHER PHONE #:

EMAIL ADDRESS:

Have you ever been suspended, refused, denied or had a license revoked from ANY racing jurisdiction? YES  OR NO

*If you answered yes, please provide the details below.*

Please list any horse racing fines, rulings or penalties against you in the last five (5) years:

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Are you requesting a Written or Oral Test: (please mark with an 'x') \_\_\_\_\_ WRITTEN \_\_\_\_\_ ORAL

*I hereby give the HBPA of Ontario consent to make all inquiries it deems necessary to process this application including but not limited to the Alcohol and Gaming Commission (AGCO). I certify that the information on this application is correct.*

SIGNATURE OF APPLICANT

DATE



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### **ASSISTANT TRAINER'S TEST - ACKNOWLEDGEMENT**

I, \_\_\_\_\_ hereby acknowledge the following:

**(Applicant's Name – please print)**

All information on the application and additional documentation is correct.

That I must receive a mark of 80% or greater on each individual test to pass

All tests are the property of the HBPA of Ontario. After the test only, the applicant can view the marked tests in the HBPA offices. The test cannot be copied in full or in part and cannot be removed from the HBPA office.

If I have concerns about the test questions I will submit the reasons for my concerns in writing including the test question number. Also included will be my name, test date and contact phone number.

If I fail any of the tests with a mark between 60% and 78% I can write once more that year. If I fail again, I must wait until the following calendar year before applying to re-write the Trainer's test(s).

If I fail with a mark less than 60% I must wait until the following calendar year to apply to rewrite the test(s).

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**SIGNATURE OF APPLICANT**

**DATE**



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## WORK EXPERIENCE

TRAINER'S NAME:

LICENSED AS:

START DATE (MM/YY):

END DATE (MM/YY):

COMMENTS:

TRAINER'S NAME:

LICENSED AS:

START DATE (MM/YY):

END DATE (MM/YY):

COMMENTS:

TRAINER'S NAME:

LICENSED AS:

START DATE (MM/YY):

END DATE (MM/YY):

COMMENTS:

TRAINER'S NAME:

LICENSED AS:

START DATE (MM/YY):

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START DATE (MM/YY):

END DATE (MM/YY):

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## EVALUATION REPORT (TO BE COMPLETED BY CURRENT EMPLOYER)

**APPLICANT'S NAME:** \_\_\_\_\_ **JOB TITLE:** \_\_\_\_\_

**IS THE APPLICANT CURRENTLY AN EMPLOYEE:** \_\_\_\_\_ **START DATE:** \_\_\_\_\_

**HOW LONG HAVE YOU KNOW THE APPLICANT:** \_\_\_\_\_

**PLEASE RATE THE APPLICANTS KNOWLEDGE ON A SCALE OF 1 TO 5 IN THE FOLLOWING AREA:  
(CIRCLE ONE ANSWER IN EACH CATEGORY)**

ANATOMY	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
LAMENESS	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
BANDAGING	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
NUTRITION	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
APPLICATION TO DUTY	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
TACKING	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
CONDITIONING THE HORSE	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
RELIABILITY	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
PUNCTUALITY	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
MANNER & DEPORTMENT	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
ORGANIZATION OF WORK	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

**ADDITIONAL COMMENTS:**  
\_\_\_\_\_  
\_\_\_\_\_

**NAME & SIGNATURE OF TRAINER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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## EVALUATION REPORT (TO BE COMPLETED BY PREVIOUS EMPLOYER)

APPLICANT'S NAME:

JOB TITLE:

WHEN DID THE APPLICANT WORK FOR YOU: START DATE (MM/YY):

END DATE (MM/YY):

HOW LONG HAVE YOU KNOWN THE APPLICANT:

PLEASE RATE THE APPLICANTS KNOWLEDGE ON A SCALE OF 1 TO 5 IN THE FOLLOWING AREA:  
(CIRCLE ONE ANSWER IN EACH CATEGORY)

ANATOMY	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
LAMENESS	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
BANDAGING	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
NUTRITION	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
APPLICATION TO DUTY	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
TACKING	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
CONDITIONING THE HORSE	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
RELIABILITY	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
PUNCTUALITY	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
MANNER & DEPORTMENT	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
ORGANIZATION OF WORK	POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

ADDITIONAL COMMENTS:

NAME & SIGNATURE OF TRAINER:

DATE:





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### **ASSISTANT TRAINER'S APPLICATION CHECKLIST**

- Five (5) years practical (grooming) experience at a race track with an outfit that has at least five horses
- Completed Assistant Trainer's Application
- Signed Acknowledgement form
- Completed Work Experience Chart
- Completed evaluation sheets from Two (2) licensed Journeyman Trainers  
(One must be from your current employer – **OR** a stated reason why not & One must be from a past employer –**OR** a stated reason why not)
- AGCO Licensing History
- Copy of current AGCO License (*copy of any Assistant Trainer License you have held*)
- Completed Checklist
- Job offer letter from a Trainer with more than 8 horses in training  
**OR** an explanation on why they need the service of an Assistant Trainer