



ACMG

Training and Assessment Program

ACMG Training and Assessment Program
Box 8245
Canmore, AB Canada T1W 2T9
403.679.9181
tap@acmg.ca

Date

To ACMG Training and Assessment Program,

This letter confirms that _____ has worked _____ days
Apprentice's Name #

under my supervision working as an Apprentice _____ Guide at
Ski / Rock / Alpine / Hiking

Company Name (if applicable)

These supervised days were acquired between _____ and _____.
Start Date End Date

Additional Comments (optional):

Sincerely,

Supervisor Name and Certification

Supervisor Signature

Supervisor Email Supervisor Phone Number