SUBJECT: **MAP USING**

OBJECTIVE(S)
To acquire the ability to use and read a map as well as a compass as means to find a location easily.

PREREQUISITES
None.

INSTRUCTORS/EVALUATORS
* Canadian Armed Forces (Regular, Reserve or Cadet)
* Scout or Guide leader
* Geography Teacher

REFERENCES AND MATERIALS
* Reserve and Cadet (Military) units have complete course programs on the subject.
* Local libraries.
* *ABC's of Compass and Map* video (includes video, student workbook and instructor guide) available from Scout shops, stock no. 54-181.
* Appropriate Federal, Provincial or Municipal Government agency, ministry or department dealing with maps, geography or geology.

CONTENT
Candidates must be able to explain or answer the following:

1. What is a map? Terminology of map using.
2. Scales, grid references.
3. Contours and Gradients.
4. Direction (bearing).
5. The compass - true north, magnetic north.
6. How to walk with a compass.
7. How to find a location with a map, with or without a compass.
8. How to orient with or without a map.
9. How to orient your map compass, with a compass (shadow tip method).
10. Finding the direction by stars.
11. Intersection (where is he/she?).
12. Resection (where am I?).
13. Magnetic declination and annual magnetic change.

DURATION
Course of 10 hours, plus an exercise.

CERTIFICATION

A suitable, written test and a practical session to verify knowledge of the syllabus.

CERTIFICATION OF SUCCESSFUL COMPLETION OF PROFICIENCY SUBJECT

MAP USING

Instructors/Evaluators should carefully consider the age, ability and accessibility to resource materials of each candidate.

The candidate has completed the above content and meets the requirements to the satisfaction of the Instructor/Evaluator.

Name of Instructor/Evaluator: _____

Agency: _____

Address: _____ Tel #: _____

Instructor qualifications: _____

I certify that

_____ of _____
　　　　　　　(candidate's name)　　　　　　　　　　　　　　(Division #)

meets the criteria of this proficiency subject, as laid out on the previous page(s).

_____　　　_____
Instructor/Evaluator　　　(signature)　　　Date

_____　　　_____
Divisional Superintendent (signature)　　　Date