



NSP INSTRUCTOR APPLICATION

(Submit through PD/PR to Region Program Administrator or per Division Policies and Procedures)

Date:

Personal Data	
Name:	NSP ID #
Address (street, city, state, zip)	Phone (Home) Phone (Work) Phone (Cell)
Email address:	Name of Patrol:
Division:	Region:

Instructor Education Discipline *(Submit a separate application for each discipline being applied for)*

(To select: double click inside box and click "checked" from popup window)

- | | | |
|---|---|--|
| <input type="checkbox"/> Instructor Development | <input type="checkbox"/> Mountain Travel and Rescue | <input type="checkbox"/> Level 1 Avalanche |
| <input type="checkbox"/> Outdoor Emergency Care | <input type="checkbox"/> Nordic/Backcountry | <input type="checkbox"/> Level 2 Avalanche |
| <input type="checkbox"/> Outdoor Emergency Transportation | <input type="checkbox"/> Bike | <input type="checkbox"/> Certified |

Training Record				
Initial Instructor Training and Prerequisites	Instructor/Mentor/IT/or Supervisor Print Name	Instructor/Mentor/IT/or Supervisor Signature	Location / Patrol	Completion Date
Instructor Development Course				
Recommended by: (Instructor, IT, PD/PR, Region/Section/Division program Supervisor)				
Other Instructor Experience – Discipline				Year(s)

Notes/Additional
<p>Note: It is requested that a copy of your NSP member profile be attached to this application (obtained from NSP.org).</p> <p>Suggestions for Mentor Assignment:</p> <p>Other comments:</p>

Instructor Training	Print Name	Signature	Location/Patrol	Completion Date
Mentorship Completed:				
IT Evaluation Completed:				

Instructor Status Granted	Print Name	Signature	Date
Division Program Supervisor			

Division program supervisor retains a copy of instructor application and the original mentoring completion form following division procedures.

Division program supervisor emails only the instructor application to education@nsp.org