Certified Candidate sponsor/Precourse Registration form



I would like to register for the Certified precourse being held at

on	1.1 OF AT 10 THE
This form should be submitted to the contact per least 1 week prior to the precourse by email or s	
Candidate Name:	
Please Print	NSP Number
Sponsor Name:	
Please Print	
	Certified Number
	herwise know the Candidate listed above sisite skills to attend and be successful at
	Certified member Signature
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Instructions:

Candidate: This form must be presented to the Certified member who is running the pre-test on the day that you attend. The member running the pre-test will be identified on the division calendar. You are urged to contact that person in advance of the event, so proper planning for staffing, tickets, etc., can occur.

Sponsor: By signing this form you are attesting to the candidate's skills.