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)

Instructor Development Level 1 Mountain Travel and Rescue Level 1 Avalanche

Outdoor Emergency Care Level 2 Mountain Travel and Rescue Level 2 Avalanche

Outdoor Emergency Transportation  Nordic

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| --- | --- | --- | --- | --- |
| 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 | | | | |
| **Note: It is requested that a copy of your NSP member profile be attached to this application (obtained from NSP.org**).  Suggestions for Mentor Assignment:  Other comments: | | | | |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Instructor Status Granted | Print Name | Signature | | Date |
| Division Program Supervisor |  | |  |  |