

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"/> Level 1 Mountain Travel and Rescue | <input type="checkbox"/> Level 1 Avalanche |
| <input type="checkbox"/> Outdoor Emergency Care | <input type="checkbox"/> Level 2 Mountain Travel and Rescue | <input type="checkbox"/> Level 2 Avalanche |
| <input type="checkbox"/> Outdoor Emergency Transportation | <input type="checkbox"/> Nordic | |

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			

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

Instructor Trainee Mentoring Completion Form

(Must be submitted with Instructor Application Form to Division Supervisor)

Application Date:		Select Program:		Avalanche (1 or 2)	ID	MTR (1 or 2)	Nordic	OEC	OET
Trainee Name		NSP #	Division		Region		Patrol		
Address			City		State		Zip Code		
Email		Home Phone		Cell Phone		ID Class Date		ID Class #	
								#	
Mentor Name		NSP #	Phone		Email				
Date:		Reviewed NSP Mentoring Guide		Date:		Observation of experienced Instructor (if needed)			
Date:		Initial mentoring meeting with Trainee		Date:		Pre-observation conference with Mentor			
Mentor Observation of Trainee (minimum of two)		Topic				(To select: Double Click Inside Box)			
						Successful		Unsuccessful	
Date:						<input type="checkbox"/>		<input type="checkbox"/>	
Date:						<input type="checkbox"/>		<input type="checkbox"/>	
Date:						<input type="checkbox"/>		<input type="checkbox"/>	
Post-observation Conference with Trainee		Recommend:	<input type="checkbox"/> Forward to IT for observation <input type="checkbox"/> Needs further mentoring						
Date:		Comments*:							
IT Name		NSP #	Phone		Email				
<i>The IT performing the evaluation of the Trainee should be from the same discipline. Other arrangements may be made if this is not feasible for the circumstances.</i>									
IT Observation of Trainee		Topic				Successful		Unsuccessful	
Date:						<input type="checkbox"/>		<input type="checkbox"/>	
Date:						<input type="checkbox"/>		<input type="checkbox"/>	
Post-Observation conference with Mentor and Trainee		Recommend:	<input type="checkbox"/> Instructor Appointment <input type="checkbox"/> Further mentoring/observation						
Date:		Comments*:							
Date:		Mentor Signature:							
Date:		Trainee Signature:							
Date:		IT Signature:							
Division Program Supervisor or Regional Administrator Approval/Concurrence									
As the _____ Program Supervisor/Regional Administrator for the _____ Division, I approve the instructor appointment of the intern for the education program indicated above.									
Division Supervisor Name		NSP #	Phone		Email				
Date:		Supervisor Signature:							

*The back of this form may be used for additional comments.