

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)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Instructor Development | <input type="checkbox"/> Outdoor Emergency Transportation | <input type="checkbox"/> Level 1 Avalanche |
| <input type="checkbox"/> Outdoor Emergency Care | <input type="checkbox"/> Nordic Toboggan | <input type="checkbox"/> Level 2 Avalanche |
| <input type="checkbox"/> Patroller Enrichment Seminar | <input type="checkbox"/> Mountain Travel and Rescue | <input type="checkbox"/> Other _____ |

Training Record				
Initial Instructor Training and Prerequisites	Instructor/Mentor/IT/Supervisor Print Name	Instructor/Mentor/IT/Supervisor Signature	Location / Patrol	Completion Date
Instructor Development Course Number:				
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
Mentor Assigned:				
IT Evaluation Completed:				

Instructor Status Granted	Print Name	Signature	Date
Specialty Division Supervisor			

Division program supervisor keeps instructor application and mentoring completion form following division procedures.

Division program supervisor or designated instructor trainer submits this form to *National Office* for instructor data entry and generation of instructor card.

Instructor Trainee Mentoring Completion Form

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

Program Name: (Avalanche (1 or 2), ID, MTR, Nordic, OEC, OET, PES, etc.):			Application Date:			
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			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		
<small>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. (see NSP P&P 4.4.3)</small>						
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.