

**NSP Education Program
CERTIFIED CANDIDATE/RECERTIFICATION APPLICATION**

Personal Data	
Name	Date
Address	NSP ID#
City, State, Zip	SS#
Daytime Phone	Evening Phone

Please check as appropriate

New Application Yes No Reapplication Yes No

Recertification Yes No Reactivation Yes No

If for Recertification or Reactivation, please provide your certified number _____

Patrol History (List most recent first)

Total years of experience _____ Average number of days per year _____

Patrol Name	Location	
From:	To:	<input type="checkbox"/> Full-time paid <input type="checkbox"/> Volunteer
Patrol Name	Location	
From:	To:	<input type="checkbox"/> Full-time paid <input type="checkbox"/> Volunteer
Patrol Name	Location	
From:	To:	<input type="checkbox"/> Full-time paid <input type="checkbox"/> Volunteer

Please check as appropriate

- | | |
|---|---|
| <input type="checkbox"/> Senior | <input type="checkbox"/> Senior Ski and Toboggan Evaluator |
| <input type="checkbox"/> Senior OEC | <input type="checkbox"/> Senior OEC Evaluator |
| <input type="checkbox"/> Phase I | <input type="checkbox"/> Phase I Instructor |
| <input type="checkbox"/> OEC Instructor | <input type="checkbox"/> OEC Instructor Trainer |
| <input type="checkbox"/> Alpine Toboggan Instructor | <input type="checkbox"/> Alpine Toboggan Instructor Trainer |
| <input type="checkbox"/> Basic Avalanche | <input type="checkbox"/> Avalanche Instructor |
| <input type="checkbox"/> Advanced Avalanche | <input type="checkbox"/> Advanced Avalanche Instructor |
| | <input type="checkbox"/> Avalanche Instructor Trainer |
| <input type="checkbox"/> Basic Mountaineering | <input type="checkbox"/> Mountaineering Instructor |
| <input type="checkbox"/> Advanced Mountaineering | <input type="checkbox"/> Mountaineering Instructor Trainer |
| <input type="checkbox"/> EMT | <input type="checkbox"/> EMT Instructor |
| <input type="checkbox"/> Other _____ | |

NSP CERTIFIED PROGRAM

List OEC, ski and toboggan, and other patrol-related activities during the last three years:

To the best of my knowledge, the information on this application is accurate.

Applicant Signature _____ Date _____

To the best of my knowledge, this patroller is currently an NSP member in good standing. I have been directly or indirectly his/her supervisor for _____ years. During that time he/she has exhibited an attitude, work ethic, skill level, and dedication to patrolling at the highest level. I recommend this individual as a certified candidate.

Supervisor Signature _____ Title _____ Date _____

THE FOLLOWING IS FOR CERTIFIED COMMITTEE USE

Date Application Received _____

Table with 2 columns: MODULE, DATE COMPLETED. Rows include: Area Operations and Risk Management, Avalanche Management, Emergency Care, Rope Rescue and Lift Evacuation, Skiing, Toboggan Handling.

Date program completed _____

Division certified coordinator _____

Certified number issued _____ Date _____