

**NATIONAL SKI PATROL EDUCATION PROGRAMS  
COURSE COMPLETION RECORD**

Check one box per record form

**Instructor Appointments**

Instructor Appointment

Enter Type

\_\_\_\_\_

\_\_\_\_\_

**OEC Courses**

- OEC Course
- OEC Challenge
- OEC Refresher  
Year \_\_\_\_\_ Cycle \_\_\_\_\_
- OEC Enhance. Seminar
  - 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_
  - 4. \_\_\_\_\_
- Outdoor First Care

**Avalanche Courses**

- Avalanche Awareness
- Intro to Avalanche Safety and Rescue
- Standard Level 1 Avalanche
- Level 1 Avalanche for Rescue Personnel
- Level 1 Avalanche for Rescue Personnel Refresher
  - Stand Alone
  - Cycle 1
  - Cycle 2
  - Cycle 3
- Level 2 Avalanche for Rescue Personnel

**Senior Courses**

- Senior Module
- Emergency Management
  - Alpine Ski
  - Alpine Toboggan
  - Nordic Ski
  - Nordic Toboggan
  - Aid Room Management

**Certified Courses**

- Certified Module
- \_\_\_\_\_

**Leadership Development**

- PES

**Instructor Development Course**

- Instructor Development

**Ski & Toboggan Courses**

**Alpine/Nordic**

- Ski Enhancement Seminar Ski
- Ski Enhancement Seminar B
- Ski Enhancement Seminar N
- Toboggan Enhance. Seminar
- Toboggan Enhance. Seminar N
- Ski Trainers Workshop
- Intro to Ski Patrolling (PAT)

**Mountain Travel & Rescue**

- MTR Fundamentals
- MTR 1
- MTR 2

National Course #	Start Date	End Date	Total Passed	Total Enrolled
-------------------	------------	----------	--------------	----------------

Course Location  
Special Instructions or Comments for National Office Processing

Member Type (see key)	* Required Information NSP ID Number, or DOB, and phone number	Pass	Inc	Fail	STUDENTS	ADDRESS
					* Required Information (type or print clearly, last name first and * email address)	* Required Information (Street, city, state, zip)

Member type key: M=NSP Member; C=Candidate; A=Associate; AF=Affiliate Organization; N=Non Member

I certify that this NSP education program was conducted in accordance with National Ski Patrol training standards and that the students have satisfied all knowledge and skills objectives and assessments.

(Please Type or Print Clearly)

Instructor of Record NSP Number: Instructor signature:	IT of Record NSP Number: IT Signature:	
Contact Phone Number:	Division	Patrol

Mail original course completion record to: National Ski Patrol, 133 South Van Gordon, Suite 100, Lakewood, CO 80228. Records also may be faxed to the Education Department at 1.800.222.4754 or emailed to education@nsp.org. (Instructors: Please keep a copy of course records, and follow division guidelines and instructor manual for division distribution of course records.)



