INSTRUCTOR ACTIVITY RECORD

Certification Period: 20__ - 20__

NAME _____ NSP MEMBER ID# _____

PATROL NAME _____ PATROL ID# _____ REGION _____

Date of Teaching Activity (Patrol and Location)	Course ☐	Challenge ☐	Refresher ☐	Subjects Taught Skills Demonstrated	Verification by Instructor of Record

Continuing Education Program - Discipline Specific (Conducted by Division Advisory Staff)	Date	Instructor Trainer
Instructor Trainer Evaluation (Discipline Specific)	Date	Instructor Trainer

A record to be maintained and kept on file by the instructor for recertification purposes.

Rev. 7/2002