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| **National course #** | **Starting Date** | **Ending Date** | | | | **# Hours** | **Total Enrolled** | **Total Passed** | | | | **Total Incomp.** | **Total Fail** |
| **Course Location** | | | | | | | | | | | | | |
| ***OEC – OUTDOOR EMERGENCY CARE***  **OEC Course**  **OEC Course Hybrid**  **OEC Challenge**  **OEC Refresher**  **Cycle A Year** **Hybrid**  **Cycle B Year** **Hybrid**  **Cycle C Year** **Hybrid**  **OEC Enhancement Seminar**  **Modules**  **Lower Extremities**  **Upper Extremities**  **Head, Face, Neck, & Back**  **Hip & Pelvis**  **Chest, Abd & Genitalia**  **Unresponsive or Altered Guest**  **Other (i.e. Special Olympics or Adaptive Skiers)**  **Outdoor First Care**  ***ALPINE - OET – OUTDOOR***  ***EMERGENCY TRANSPORTATION***  **Ski Enhancement Seminar**  **Toboggan Enhancement Seminar**  **Toboggan Refresher**  ***NORDIC***  **Classic  Skate**  **Nordic Skills**  **Nordic Skills Refresher**  **Nordic Skiing Refresher**  **Nordic Toboggan Refresher**  **Nordic Skiing Enhancement**  **Nordic Toboggan Enhancement**  **Nordic Masters**  **Senior Nordic Skiing CE**  **Senior Nordic Toboggan CE** | | | | **AVALANCHE COURSES**  **Avalanche Awareness**    **Level 1 Avalanche**  **Modules**  **Mod 1 - Classroom**  **Mod 2 - Field**  **Mod 3 - Organized Rescue**  **Mod 4 – Refresher Mod 1 & 2**  **Mod 5 – Refresher Mod 3**    **Level 2 Avalanche for Rescue Personnel**  ***MOUNTAIN TRAVEL & RESCUE***  **MTR Fundamentals**  **MTR 1**  **MTR 2**  **MTR Enrichment Seminar**  **ICS100  ICS200  ICS700**  ***INSTRUCTOR DEVELOPMENT***  **ID Course**  **ID e-course**  ***INSTRUCTOR CE***  ***(CONTINUING EDUCATION) CLINICS***  **OEC**  **Avalanche**  **Instructor Development**  **MTR**  **OET**  **Nordic Toboggan**  **PES** | | | | | ***SKILLS DEVELOPMENT***  **Intro to Ski Patrolling**  **Patroller Enrichment Sem.**  ***SENIOR PROGRAM -* SENIOR MODULES**  **Senior Aid Room**  **OEC Module for the Senior Program**  **Sr. OEC Clinic (*Non-Credited Prep)***  **Sr. OEC Evaluation/Test (*Credited*)**  **OET Modules for the Senior Program**  **Evaluation Clinics (*Credited*)**  **Sr. Alpine Skiing Evaluation**  **Sr. Alpine Toboggan Evaluation**  **Nordic Modules for the Senior Program**  **Evaluation Clinics (*Credited*)**  **Sr. Nordic Skiing Evaluation**  **Sr. Nordic Toboggan Evaluation**  **Sr. Nordic Travel (MTR2 is prerequisite)**  **Senior - Trainer/Evaluator Clinics**  **(*Non Credited)***  **OEC Sr. T/E Clinic**  **OET Alpine Toboggan Sr. T/E Clinic**  **OET Nordic Sr. T/E Clinic**  ***CERTIFIED PROGRAM***  **Avalanche Hazard Evaluation**  **Avalanche Risk Reduction**  **Avalanche Rescue**  **Area Operations**  **Medical**  **Risk Management**  **Rope Rescue/Lift Evacuation**  **Ski/Snowboard**  **Toboggan**  **\_\_\_\_\_\_\_\_\_\_\_\_ (Qualification Clinic)** | | | | |
| **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 skill objectives and assessments.** | | | | | | | | | | | | | |
| **Special instructions or comments for National Office:** | | | | | | | | | | | | | |
| **Instructor of Record Name & *Signature*:**  **NSP Number:** | | | | | **Course IT Name & *Signature*:**  **NSP Number:** | | | | | **Final Eval - IT Name & *Signature*:**  **NSP Number:** | | | |
| **IOR Phone Number:**  **Cell Phone:** | | | **IOR Patrol Name:**  **Patrol Number:** | | | | | | | | **Division:** | | |

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| **National Course #** | | | **Course Location:** **IOR Name:** | | | | | |
| **NSP PATROL ID/NAME**  **(i.e. X001)** | **NSP ID NUMBER**  **(6 DIGIT) or**  **(PHONE, or DOB)** | **LAST, FIRST NAME**  **(Please Print Clearly)** | | **Pass** | **Inc.** | **Fail** | **EMAIL AND**  **PHONE** | **ADDRESS**  **(FOR NON MEMBERS OR**  **IF CHANGED)** |
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**Instructor’s Teaching or Assisting with Course**

**(Division use only)**

**Please attach this sheet to a copy of course records and send to the appropriate DIVISION SUPERVISOR.**

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| **Course Name:**  **Course #:**  **Date:** | **Location:** | **Instructor of Record:**  **IT of Record:**  **Phone:**  **Email:** |

| **Name** | **NSP ID Number** | **Topic(s)/Unit(s) Taught** | **Instructor status:**  **Instructor,**  **Instr Trainee/Mentee,**  **Patroller, Other** |
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| **Starting Date** | **Completion Date** | **Total Enrollment** | **Total Passed** | **# of Hours** |
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| **Division** | **Region** | **Patrol** |
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**Follow division distribution of course records per division policy and instructor manual.**

**Instructor’s Teaching or Assisting with Course**

**(Division use only) – con’t.**

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| **National Course #       Date** | **Course Location:       IOR Name:** |

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