INSTRUCTOR ACTIVITY RECORD

Certification Period: 20__ - 20____

NAME: _____NSP MEMBER ID#: _____

PATROL NAME: _____ PATROL ID#: _____ REGION: _____

PROGRAM: _____

Date of Teaching Activity (Patrol and Location)	Course Hrs	Challenge Hrs	Refresher Hrs	Cont. Ed Hrs	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.
Turn into the Region Program Administrator prior to recertification.