

## NSP INSTRUCTOR APPLICATION

(Submit through PD/PR to Region Program Administrator or per Division Policies and Procedures)

Date

Personal Data	
Name:	NSP ID #
Address (street, city, state, zip)	Phone (Home) Phone (Work) Phone (Cell)
Email address:	Name of Patrol:
Division:	Region:

### Instructor Education Discipline *(Submit a separate application for each discipline being applied for)*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Instructor Development       | <input type="checkbox"/> Outdoor Emergency Transportation | <input type="checkbox"/> Level 1 Avalanche |
| <input type="checkbox"/> Outdoor Emergency Care       | <input type="checkbox"/> Nordic Toboggan                  | <input type="checkbox"/> Level 2 Avalanche |
| <input type="checkbox"/> Patroller Enrichment Seminar | <input type="checkbox"/> Mountain Travel and Rescue       | <input type="checkbox"/> Other _____       |

Training Record				
Initial Instructor Training and Prerequisites	Instructor/Mentor/IT/Supervisor Print Name	Instructor/Mentor/IT/Supervisor Signature	Location / Patrol	Completion Date
Instructor Development Course Number:				
Recommended by: (Instructor, IT, PD/PR, Region/Section/Division program Supervisor)				
Other Instructor Experience – Discipline				Year(s)

Notes/Additional
<p><b>Note: It is requested that a copy of your NSP member profile be attached to this application (obtained from NSP.org).</b></p> <p>Suggestions for Mentor Assignment:</p> <p>Other comments:</p>

Instructor Training	Print Name	Signature	Location/Patrol	Completion Date
Mentor Assigned:				
IT Evaluation Completed:				

Instructor Status Granted	Print Name	Signature	Date
Specialty Division Supervisor			

Division program supervisor keeps instructor application and mentoring completion form following division procedures.

**Division program supervisor or designated instructor trainer submits this form to *National Office* for instructor data entry and generation of instructor card.**

# NSP Instructor Mentoring Completion Form

(Must be submitted with Instructor Application Form to Division Supervisor)

Rev 5-2014

<b>Trainee Name</b>		<b>NSP Member No.</b>		<b>Address</b>	
<b>E-Mail Address</b>			<b>Home Phone</b>	<b>Other Phone</b>	<b>NSP Discipline</b>
<b>Mentor Name</b>		<b>E-Mail Address</b>		<b>Home Phone</b>	<b>Other Phone</b>
<b>IT Assigned</b>		<b>E-Mail Address</b>		<b>Home Phone</b>	<b>Other Phone</b>
<b>Received/Reviewed NSP Guide to Mentoring New Instructors</b>					
Date:		Mentor's Signature:		Trainee's Signature:	
<b>Mentor Meeting with Instructor Trainee</b>					
Date:		Mentor's Signature:		Trainee's Signature:	
<b>Trainee Observation of Experienced Instructor (May be omitted if Instructor Trainee is professional instructor)</b>					
Date: Instructor:		Mentor's Signature:		Trainee's Signature:	
Date: Instructor:		Mentor's Signature:		Trainee's Signature:	
<b>Instructor Trainee Pre-Observation Conference with Mentor</b>					
Date:		Mentor's Signature:		Trainee's Signature:	
<b>Mentor Observation of Instructor Trainee (minimum of two required)</b>					
Date: Topic:		Mentor's Signature:		Trainee's Signature:	
Date: Topic:		Mentor's Signature:		Trainee's Signature:	
Date: Topic:		Mentor's Signature:		Trainee's Signature:	
Date: Topic:		Mentor's Signature:		Trainee's Signature:	
<b>Instructor Trainee Post-Observation Conference with Mentor</b>					
Date:		<input type="checkbox"/> Successful <input type="checkbox"/> Needs Additional Observation Mentor's Signature:			Trainee's Signature:
Date:		<input type="checkbox"/> Successful <input type="checkbox"/> Needs Additional Observation Mentor's Signature:			Trainee's Signature:
<b>Observation of Trainee by Discipline Instructor Trainer (minimum of one)</b>					
Date:		<input type="checkbox"/> Successful <input type="checkbox"/> Needs Additional Observation Mentor's Signature:			Trainee's Signature:
Date:		<input type="checkbox"/> Successful <input type="checkbox"/> Needs Additional Observation Mentor's Signature:			Trainee's Signature:
<b>Instructor Appointment Approval by Discipline Instructor Trainer</b>				Date Appointment Record Sent to Division:	
Date:		IT's Signature:		Trainee's Signature:	
<b>Instructor Appointment Approval by Discipline Division Supervisor</b>				Date Appointment Record Filed:	
Date:		Division Supervisor Signature:			