

NSP Education Program SENIOR CANDIDATE APPLICATION

(To be filled out by Candidate - Submit to Patrol Representative)

PATROLLER INFORMATION

Senior Candidate Name		Email Address		
NSP ID#	Classification	Phone Number		
Address		City	State	Zip
Patrol	Region		Division	
NSP Join Year		Years of Patrolling Experience		
Senior Program Application Date		Applicant Signature		

Senior Alpine
 Senior Nordic
 Senior Patroller

DIVISION APPLICATION INFORMATION

Please check which core modules you will be participating in this year.

<input type="checkbox"/> Senior OEC	<input type="checkbox"/> Senior Aid Room Management
<input type="checkbox"/> Senior Alpine Skiing	<input type="checkbox"/> Senior Alpine Tobogganing
<input type="checkbox"/> Senior Nordic Skiing	<input type="checkbox"/> Senior Nordic Extended Ski Tour
<input type="checkbox"/> Senior Nordic Toboggan Transport/Belay	<input type="checkbox"/> Electives (see below)

EDUCATION HISTORY - Attach a copy of your member profile

List any elective course(s) you intend to take this year to meet senior status.

Course	Date	Location	Instructor

Include senior course(s) that have been taken to meet senior status.

This certifies that the above-named candidate has demonstrated all the basic ski patroller skills and has sufficient knowledge, skills, and experience to participate in the national Senior Program.

Date _____ Patrol Representative (Print & Signature) _____

Patrol Rep to submit form to Region/Division Senior Program Coordinator per Region/Division Policy.

NSP Education Program

ACTIVITY RECORD

SENIOR CORE AND ELECTIVE COMPONENTS

This form is to be maintained by the applicant and submitted to the Patrol Representative upon completion

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VERIFICATION OF COMPLETION

Required for A=Alpine N=Nordic X=Patroller	Senior Component	Instructor	Completion Date
A, N, X	Senior Outdoor Emergency Care		
A	Senior Alpine Skiing		
A	Senior Alpine Toboggan		
N	Senior Nordic Skiing		
N	Senior Nordic Extended Ski Tour		
N	Senior Nordic Toboggan Transport/Belay		
N	MTR Level II Course		
X	Aid Room Management Module		
A, N, X	Elective 1		
A, N, X	Elective 2		
A, X	Elective 3		
X	Elective 4 (leadership course from list)		

FINAL CERTIFICATION

I certify that the above candidate has completed all senior program requirements.

Date: _____ Patrol Representative (Print & Signature)

Date: _____ Region Senior Coordinator (Print & Signature)

Patrol Representative or Region Senior Coordinator on completion, please submit to:

National Ski Patrol 133 S. Van Gordon St. Lakewood, CO 890228