

OEC MSP EVALUATION APPLICATION
NATIONAL SKI PATROL
PACIFIC NORTHWEST DIVISION

SPONSORING REGION: _____

ONLY THE CANDIDATE TEAM FORMAT MAY BE USED

NUMBER OF CANDIDATES: Registered _____ + Potential _____ = Total _____

TRAINING SESSIONS:

<u>Date</u>	<u>Time</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Senior Training Advisor for OEC MSP, Senior Trainer or ROA

Name _____

Address _____

City/State/Zip _____

Phone: _____

FINAL EVALUATION DATE(S):

<u>Date</u>	<u>Time</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: Senior Training Advisor for OEC MSP, Senior Trainer or ROA _____

_____ Date

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Date Received _____

Approved _____
Signature: Division OEC Supervisor