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)***

 [ ]  Instructor Development *[ ]* Alpine Toboggan *[ ]* Level 1 Avalanche

 *[ ]* Outdoor Emergency Care *[ ]* Nordic Toboggan *[ ]* Level 2 Avalanche

 *[ ]* Patroller Enrichment Seminar [ ]  Mountain Travel and Rescue *[ ]* 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 |
| **Note: It is requested that a copy of your NSP member profile be attached to this application (obtained from NSP.org**).Suggestions for Mentor Assignment: Other comments:  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Instructor Status Granted | Print Name | Signature | Date |
| Specialty Division Supervisor |  |  |  |

**Instructor Trainee Mentoring Completion Form**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Program Name: (Avalanche (1 or 2), ID, MTR, Nordic, OEC, OET, PES, etc.): |       | Application Date: |       |
| **Trainee Name** | **NSP #** | **Division** | **Region** | **Patrol** |
|       |       |       |       |       |
| **Address** | **City** | **State** | **Zip Code** |
|       |       |       |       |
| **Email** | **Home Phone** | **Cell Phone** | **ID Class Date** | **ID Class #** |
|       |       |       |       | #      |
| **Mentor Name** | **NSP #** | **Phone** | **Email** |
|       |       |       |       |
| Date: |       | Reviewed NSP Mentoring Guide | Date: |       | Observation of experienced Instructor (if needed) |
| Date: |       | Initial mentoring meeting with Trainee | Date: |       | Pre-observation conference with Mentor |
| **Mentor Observation of Trainee (minimum of two)**  | **Topic** | **Successful** | **Unsuccessful** |
| Date: |       |       | [ ]  | [ ]  |
| Date: |       |       | [ ]  | [ ]  |
| Date: |       |       | [ ]  | [ ]  |
| Post-observation Conference with Trainee | Recommend: | [ ]  Forward to IT for observation[ ]  Needs further mentoring |
| Date: |       | Comments\*: |       |
| **IT Name** | **NSP #** | **Phone** | **Email** |
| *The IT performing the evaluation of the Trainee should be from the same discipline. Other arrangements may be made if this is not feasible for the circumstances. (see NSP P&P 4.4.3)* |
|       |       |       |       |
| **IT Observation of Trainee** | **Topic** | **Successful** | **Unsuccessful** |
| Date: |       |       | [ ]  | [ ]  |
| Date: |       |       | [ ]  | [ ]  |
| Post-Observation conference with Mentor and Trainee  | Recommend: | [ ]  Instructor Appointment [ ]  Further mentoring/observation |
| Date: |       | Comments\*: |       |
| Date: |       | **Mentor** **Signature:** |  |
| Date: |       | **Trainee** **Signature:** |  |
| Date: |       | **IT****Signature:** |  |
| **Division Program Supervisor or Regional Administrator Approval/Concurrence** |
| As the      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Supervisor/Regional Administrator for the      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division, I approve the instructor appointment of the intern for the education program indicated above. |
| **Division Supervisor Name** | **NSP #** | **Phone** | **Email** |
|       |       |       |       |
| Date: |       | **Supervisor** **Signature:** |  |

*\*The back of this form may be used for additional comments. Rev Dec. 2016*