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*