

NSP-C Application & Instructor Observation Form

Program Name: _____ NSP-C Ski/Ride		_____ Sr Ski/Ride Evaluator		Application Date:	
Applicant Name		NSP #	Division	Region	Patrol
			CENTRAL	OHIO	
Address			City	State	Zip Code
Email		Home Phone	Cell Phone	ID Class Date	ID Class #
					#
PSIA/AASI#	LEVEL	Ski/Bd/Tel	NSP-C Member?		Email
			YES	NO	
Certification				Successful	Unsuccessful
Date:		LEVEL 2	LOCATION :		
Date:		LEVEL 3	LOCATION :		
TEACHING EXPERIENCE					
Date:		Teaching Experience:		Date:	
					Teaching Experience:
SHADOWING to be completed by the Lead Instructor/Evaluator					
NSP-C Instructor		NSP #	Phone	Email	
SES/STA/SR Test LOCATION:		PSIA/AASI #		PSIA/AASI Level :	
NSP-C INSTRUCTOR ASSESSMENT				Met Expectations	Did Not Meet Expectations
Comments:					
	Knowledge/MA			+	=
	Demo Skills			+	=
	Teaching Skills			+	=
	<i>Communication</i>			+	=
	<i>Safety Awareness</i>			+	=
	<i>Leadership</i>			+	=
	People Skills			+	=
	Evaluation Skills			+	=
	OVERALL COMMENTS			+	=
				-	-
I support this candidate's appointment as an instructor for the Ohio Region NSP-C ski school or Sr. Ski/Ride Evaluator.		YES	NO	Signature:	
Date:		NSP-C Supervisor Signature:			

RETURN TO: Ohio Region NSP-C Advisor skischool@ohionsp.org

February, 2022 NSP-C Application Form Form

*The back of this form may be used for additional comments.