

Application for NSP Certified Patroller

Division Office Use

Certified Number

Date _____ Division _____

Name _____ NSP Registration Number _____

Address _____ Email _____

City _____ State _____ Zip _____ Phone (____) _____

Occupation _____

Is this: (Check one)

New Application _____

Reactivation _____

PSPA Reciprocity _____

NSP Cert # _____

PSPA Cert # _____

Patrol History (List most recent first)

Patrol Name _____ Location _____

From _____ To _____ Pro _____ Volunteer _____

Patrol Name _____ Location _____

From _____ To _____ Pro _____ Volunteer _____

Patrol Name _____ Location _____

From _____ To _____ Pro _____ Volunteer _____

(Check appropriate items)

Senior _____

Senior Ski and Toboggan Instructor _____

Senior OEC _____

Basic Avalanche _____

Basic Ski Mount. _____ Adv. Avalanche _____

Adv Mount. _____

OEC Instructor _____

CPR Instructor _____ EMT Trained _____

EMT Instructor _____

Additional _____

List OEC, Ski and Toboggan, or other related activities during the last few years.

Instructor Qualifications & Experience (Describe & Document)

Leadership Training and Experience (Describe):

.....
.....
.....
.....

Ski Resort Management & Ski Patrol References:

Name _____ Management Position _____

Ski Resort Name _____ Phone (_____) _____

Address _____

Name _____ Management Position _____

Ski Resort Name _____ Phone (_____) _____

Address _____

Have you ever been involuntarily terminated (fired), or been requested to resign in lieu of being involuntarily terminated, as either a paid or volunteer ski patroller, or other employee, of any ski resort? _____ If so, please fully explain the circumstances, place(s), name(s), address(es), telephone number(s) and your present belief as to what each other person involved would probably say about each such incident.

I certify that the entries made by me herein, and on any pages attached hereto, are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this application, or omission of a material fact, can result in denial of NSP Certification or subsequent revocation thereof.

Applicant Signature

NSP Reg. Number

Date

I have reviewed the Certified Program objectives with the applicant and recommend him/her for participation in the program.

Certified Patroller

Certified Number

Date