

NATIONAL SKI PATROL – DIVISION OEC–MSP Final Evaluation Record

SPONSORING REGION: _____ Participating Regions: _____

NUMBER OF CANDIDATES: Your Region: _____ Other Regions: _____ Total: _____

EVALUATION DATE: _____ LOCATION: _____

EVALUATION COORDINATOR/STC: _____ PHONE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DIVISION LIASON: _____

List all OEC–MSP T/Es Participating in the Evaluation (Please indicate “A” for Group Evaluator “E” for Station Evaluator or “P” for Provisional Evaluator)				
	OEC–MSP T/E Name	NSP ID #	Region	A or E or P
1				
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I CERTIFY THAT THIS EVALUATION WAS CONDUCTED IN ACCORDANCE WITH THE PROVISIONS OF THE OEC-MSP, AS PRESCRIBED BY THE DIVISION AND THE NATIONAL SKI PATROL SYSTEM INCORPORATED.

Signature of Evaluation Coordinator/STC

Date