

NATIONAL SKI PATROL EDUCATION PROGRAMS
COURSE COMPLETION RECORDS

National course #	Course Location	Starting Date	Ending Date	Total Passed	Total Enrolled
<p><u>INSTRUCTOR APPOINTMENT</u></p> <input type="checkbox"/> OEC <input type="checkbox"/> Alpine Toboggan <input type="checkbox"/> Nordic Toboggan <input type="checkbox"/> PES <input type="checkbox"/> MTR <input type="checkbox"/> Avalanche Level 1 <input type="checkbox"/> Avalanche Level 2 <input type="checkbox"/> Instructor Development <p><u>INSTRUCTOR TRAINER APPOINTMENT</u></p> <input type="checkbox"/> OEC <input type="checkbox"/> Alpine Toboggan <input type="checkbox"/> Nordic Toboggan <input type="checkbox"/> PES <input type="checkbox"/> MTR <input type="checkbox"/> Avalanche <input type="checkbox"/> Instructor Development <p><u>INSTRUCTOR RECERTIFICATION CLINICS</u></p> <input type="checkbox"/> OEC <input type="checkbox"/> Alpine Toboggan <input type="checkbox"/> Nordic Toboggan <input type="checkbox"/> PES <input type="checkbox"/> MTR <input type="checkbox"/> Avalanche Level 1 <input type="checkbox"/> Avalanche Level 2 <input type="checkbox"/> Instructor Development	<p><u>OEC COURSES</u></p> <input type="checkbox"/> OEC Course <input type="checkbox"/> OEC e-course <input type="checkbox"/> OEC Challenge <input type="checkbox"/> OEC Refresher <input type="checkbox"/> Cycle A Year _____ <input type="checkbox"/> Cycle B Year _____ <input type="checkbox"/> Cycle C Year _____ <input type="checkbox"/> Outdoor First Care <input type="checkbox"/> OEC Enhancement Seminar Modules: <input type="checkbox"/> Lower Extremities <input type="checkbox"/> Upper Extremities <input type="checkbox"/> Head, Face, Neck, & Back <input type="checkbox"/> Hip & Pelvis <input type="checkbox"/> Chest, Abdomen & Genitalia <input type="checkbox"/> Unresponsive or Altered Guest <input type="checkbox"/> Other (i.e. Special Olympics or Adaptive Skiers) <p><u>SKI & TOBOGGAN COURSES</u></p> <p><u>Alpine</u></p> <input type="checkbox"/> (SES)Skiing Enhancement Seminar <input type="checkbox"/> (SES) Skiing Enhancement Seminar Women <input type="checkbox"/> (SES) Telemark Enhancement Seminar <input type="checkbox"/> (SES)Snowboard Enhancement Seminar <input type="checkbox"/> (TES) Toboggan Enhancement Seminar <input type="checkbox"/> (TES) Toboggan Enhancement Seminar Women <input type="checkbox"/> Toboggan Refresher <input type="checkbox"/> STW- Ski Trainers Workshop <input type="checkbox"/> PAT- Intro to Ski Patrolling	<p><u>SKI & TOBOGGAN COURSES</u></p> <p><u>Nordic</u></p> <input type="checkbox"/> Nordic Skills <input type="checkbox"/> Nordic Skiing Refresher <input type="checkbox"/> Nordic Skiing Enhancement <input type="checkbox"/> Nordic Toboggan Enhancement <input type="checkbox"/> Telemark <input type="checkbox"/> Classic <input type="checkbox"/> Skate <p><u>MOUNTAIN TRAVEL & RESCUE</u></p> <input type="checkbox"/> MTR Fundamentals <input type="checkbox"/> MTR 1 <input type="checkbox"/> MTR 2 <input type="checkbox"/> ICS100 <input type="checkbox"/> ICS200 <input type="checkbox"/> ICS700 <p><u>AVALANCHE COURSES</u></p> <input type="checkbox"/> Avalanche Awareness <input type="checkbox"/> Intro to Avalanche Safety and Rescue <input type="checkbox"/> Standard Level 1 Avalanche <input type="checkbox"/> Level 1 Avalanche for Rescue Personnel - Upgrade <input type="checkbox"/> Level 1 Avalanche for Rescue Personnel <input type="checkbox"/> Level 2 Avalanche for Rescue Personnel <p><u>AVALANCHE REFRESHERS</u></p> <input type="checkbox"/> Level 1 Avalanche for Rescue Personnel Refresher <input type="checkbox"/> Stand Alone <input type="checkbox"/> Cycle 1 <input type="checkbox"/> Cycle 2 <input type="checkbox"/> Cycle 3 <p><u>CERTIFIED PROGRAM</u></p> <input type="checkbox"/> Avalanche <input type="checkbox"/> Explosives <input type="checkbox"/> Hill & Lift Operations <input type="checkbox"/> Medical <input type="checkbox"/> Risk Management <input type="checkbox"/> Rope Rescue <input type="checkbox"/> Ski/Snowboard <input type="checkbox"/> Toboggan <input type="checkbox"/> Transceivers <input type="checkbox"/> _____	<p><u>SENIOR PROGRAM</u></p> <p><u>SENIOR MODULES</u></p> <input type="checkbox"/> Senior Aid Room <p><u>SENIOR OEC COURSES</u></p> <p><u>SR. EMERGENCY MANAGEMENT</u></p> <input type="checkbox"/> SEM Clinic <i>(Non-Credited Prep Course)</i> <input type="checkbox"/> SEM Evaluation/Test <i>(Credited Course)</i> <p><u>SENIOR SKIING & TOBOGGAN Training Clinics</u></p> <p><i>(Non Credited Prep course)</i></p> <input type="checkbox"/> Senior Alpine Skiing Clinic <input type="checkbox"/> Senior Alpine Toboggan Clinic <input type="checkbox"/> Senior Nordic Skiing Clinic <input type="checkbox"/> Senior Nordic Toboggan Clinic <p><u>Evaluation Clinics</u></p> <p><i>(Credited Course)</i></p> <input type="checkbox"/> Senior Alpine Skiing Evaluation <input type="checkbox"/> Senior Alpine Toboggan Eval. <input type="checkbox"/> Senior Nordic Skiing Eval. <input type="checkbox"/> Senior Nordic Toboggan Eval. <input type="checkbox"/> Senior Nordic (MTR2 required) <p><u>Senior Continuing Education</u></p> <input type="checkbox"/> Senior Alpine Skiing CE <input type="checkbox"/> Senior Alpine Toboggan CE <input type="checkbox"/> Senior Nordic Skiing CE <input type="checkbox"/> Senior Nordic Toboggan CE <p><u>Senior Trainer/Evaluator Clinics</u></p> <p><i>(Non Credited)</i></p> <input type="checkbox"/> OEC Sr. T/E Clinic <input type="checkbox"/> EMM Sr. T/E Clinic <input type="checkbox"/> S&T Alpine Sr. T/E Clinic <input type="checkbox"/> S&T Nordic Sr. T/E Clinic <p><u>INSTRUCTOR DEVELOPMENT</u></p> <input type="checkbox"/> ID course <input type="checkbox"/> ID e-course <p><u>LEADERSHIP DEVELOPMENT</u></p> <input type="checkbox"/> PES		
<p>I certify that this NSP education program was conducted in accordance with National Ski Patrol training standards and that the students have satisfied all knowledge and skill objectives and assessments.</p>					
<p>Special instructions or comments for National Office:</p>					
<p>Instructor of Record Signature: NSP Number:</p>			<p>IT of Record Signature: NSP Number:</p>		
<p>Phone Number: Cell Phone:</p>		<p>Division:</p>		<p>Patrol Name: Patrol Number:</p>	

