National course #	Starting Date	Ending	g Date	# Hours	Total Enrolled	Total Passed	Total Incomp.	Total Fail
Course Location								
OEC - OUTDOOR EMERGENCY CARE  Outdoor Emergency Care  OEC Online OEC Challenge OEC Refresher Cycle A Year Hybrid Mtn Cycle B Year Hybrid Mtn Cycle C Year Hybrid Mtn OEC Enhancement Seminar Modules 1 - Lower Extremities 2 - Upper Extremities 3 - Head, Face, Neck, & Back 4 - Hip & Pelvis 5 - Chest, Abdomen & Genitalia 6 - Unresponsive or Altered Guest 7 - Other (i.e. Special Olympics or Adaptive Skiers) Outdoor First Care		AVALANCHE COURSES  Avalanche Awareness  Avalanche Level 1 Modules  Module 1 - Classroom  Module 2 - Field  Module 3 - Organized Av Rescue  Module 4 - Mod 1&2 Refresher  Module 5 - Module 3 Refresher  Avalanche Level 2 for Rescue Personnel  MTR Fundamentals  MTR Level 1  MTR Level 2  MTR Enhancement Seminar  ICS100.b ICS200.b ICS700.a			SKILLS DEVELOPMENT  Introduction to Patrolling Patroller Enrichment Seminar  SENIOR PROGRAM - SENIOR MODULES Senior Aid Room  OEC Module of the Senior Program Senior Clinic (Non-Credit Prep) Senior program Evaluation/Test (Credited)  OET Modules for the Senior Program Evaluation Clinics (Credited) Senior Evaluation - Alpine Skiing Senior Evaluation - Alpine Toboggan  Nordic Modules for the Senior Program Evaluation Clinics (Credited) Senior Evaluation - Nordic Skiing Senior Evaluation - Nordic Skiing			
ALPINE - OET - OUTDOOR EMERGENCY TRANSPORTATION  Snowsports Enhancement Seminar Toboggan Enhancement Seminar Norbic  Nordic Skills Nordic Skills Refresher Nordic Skills Refresher Nordic Toboggan Refresher Nordic Skiing Enhancement Nordic Toboggan Enhancement Semior Nordic Skiing Clinic Senior Nordic Toboggan Clinic		☐ ID C	INSTRUCTO TINUING EDUC  Lanche ructor Develop R  dic	D e-course <u>OR CE</u> <u>ATION) CLINICS</u>	Senior Evaluation - Nordic Toboggan  Senior - Trainer/Evaluator Clinics (Non Credited) Senior Trainer/Evaluator Clinic - OEC OET Alpine Toboggan Senior T/E Clinic - Senior Trainer/Evaluator Clinic - Nordic  CERTIFIED PROGRAM Avalanche Hazard Evaluation Avalanche Rescue Avalanche Risk Reduction Medical (Outdoor Emergency Care) Risk Management Rope Rescue/Lift Evacuation Ski/Snowboard Toboggan Qualification Clinic			
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. If this Course Completion Record is for an OEC course, I also certify that I have collected the OEC written tests and answer sheets, and that any extra testing materials were destroyed.  Special instructions or comments for National Office:  Instructor of Record Name & Signature:  NSP Number:  NSP Number:  Patrol Number:  Division:							EC course, I royed.	

National Course #		Course Location	n:			IOR Name:		
NSP PATROL ID/NAME (i.e. X001)	NSP ID NUMBER (6 DIGIT) or (PHONE, or DOB)	LAST, FIRST NAME (Please Print Clearly)	Pass	Inc.	Fail	EMAIL AND PHONE	ADDRESS (FOR NON MEMBERS OR IF CHANGED)	

Please email completed form to <a href="mailto:education@nsp.org">education@nsp.org</a>. Instructors: Please keep a copy of course records, and follow division guidelines and instructor manual for division distribution of course records.

National Co	National Course # Course Location:			IOR Name:				
NSP PATROL ID/NAME (i.e. X001)	NSP ID NUMBER (6 DIGIT) or (PHONE, or DOB)	LAST, FIRST NAME (Please Print Clearly)	☐ Pass	lnc.	Fail	EMAIL AND PHONE	ADDRESS (FOR NON MEMBERS OR IF CHANGED)	
	Please email completed form to <a href="mailto:education@nsp.org">education@nsp.org</a> . Instructors: Please keep a copy of course records, and follow division guidelines and instructor manual for division distribution of course records.							
National Co	urse #	Course Location	n:			IOR Name	:	

NSP PATROL ID/NAME	NSP ID NUMBER (6 DIGIT) or	LAST, FIRST NAME	SS	.;	=	EMAIL AND	ADDRESS (FOR NON MEMBERS OR
(i.e. X001)	(PHONE, or DOB)	(Please Print Clearly)	Pass	Inc.	Fail	PHONE	(FOR NON MEMBERS OR IF CHANGED)
Please email completed form to <a href="mailto:education@nsp.org">education@nsp.org</a> . Instructors: Please keep a copy of course records, and follow division guidelines and instructor manual for division distribution of course records.							
National Co	urco #	Course Lecation				IOD Nama	
ivational Co	urse #	Course Location	ı <b>:</b>			IOR Name	•

NSP PATROL ID/NAME (i.e. X001)	NSP ID NUMBER (6 DIGIT) or (PHONE, or DOB)	LAST, FIRST NAME (Please Print Clearly)	Pass	Inc.	Fail	EMAIL AND PHONE	ADDRESS (FOR NON MEMBERS OR IF CHANGED)
							·

### **Instructor's Teaching or Assisting with Course**

Please email completed form to <a href="mailto:education@nsp.org">education@nsp.org</a>. Instructors: Please keep a copy of course records, and follow division guidelines

(Division use only)

and instructor manual for division distribution of course records.

Course Name:  Course #:  Date:	Locatio	Location:		of Record: d:	
Name	NSP ID Number	NSP ID Number		nit(s) Taught	Instructor status: Instructor, Instr Trainee/Mentee, Patroller, Other
Starting Date	Completion Da	ite	Total Enrollment	Total Passed	# of Hours

Follow division distribution of course records per division policy and instructor manual.

**Patrol** 

Region

### **Instructor's Teaching or Assisting with Course**

(Division use only) - con't.

Please attach this sheet to a copy of course records and send to the appropriate DIVISION SUPERVISOR.

Division

National Course #	Date	Course Location:	IOR Name:

Name	NSP ID Number	Topic(s)/U	nit(s) Taught	Instructor status: Instructor, Instr Trainee/Mentee, Patroller, Other
Starting Date	Completion Date	Total Enrollment	Total Passed	# of Hours

Follow division distribution of course records per division policy and instructor manual.

**Patrol** 

Region

Division