**NSP Education Program**

**Senior Candidate Application—CT Region**

(To be completed by Candidate, submitted to Senior Program Coordinator with copies to the Senior OET and OEC Advisors)

❒ Senior Patroller ❒ Alpine Senior Patroller ❒ Nordic/Backcountry Senior Patroller

**Patroller Information**

|  |
| --- |
| Senior Candidate Name: Email: |
| NSP #: Telephone: |
| Address (street, city, state, zip): |
| Patrol: Region: Division: |
| NSP Join Yr: Years Patrolling: |
| Senior Program Application Date: Candidate Signature: |

**Candidate Information**

Please check which core modules you will be participating in this year.

❒ Senior OEC ❒ Senior Aid Room Management

❒ Senior Alpine Skiing ❒ Senior Alpine Toboggan

❒ Senior Nordic Skiing ❒ Senior Nordic Extended Ski Tour

❒ Senior Nordic Toboggan Transport/Belay ❒ Electives (see below)

**Education History—**Attach a copy of your member profile

List any elective course(s) you intend to take this year to satisfy Senior status. (Refer to Appendix G of P&P)

List senior electives that you have already taken. (Refer to Appendix G of current NSP P&P for list of electives.)

This certifies that the above-named candidate has demonstrated all the basic ski patroller skills and has sufficient knowledge, skills, and experience to participate in the national Senior Program.

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Patrol Director (Print & Sign): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate to submit form to Region Senior Program Coordinator, with copies to the Senior OEC, OET and/or Nordic/Backcountry Training Coordinators

**CT Region Senior Program Coordinator Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**NSP Education Program**

**Activity Record**

**Senior Core and Elective Components**

This form is to be maintained by the applicant and submitted to the Senior Program Coordinator as information changes.

|  |  |  |  |
| --- | --- | --- | --- |
| Required for  A = Alpine  N = Nordic/BC  P = Patroller | Senior Component | Instructor | Completion Date |
| A, N, P | Senior Outdoor Emergency Care |  |  |
| A | Senior Alpine Skiing |  |  |
| A | Senior Alpine Toboggan |  |  |
| N | Senior Nordic Skiing |  |  |
| N | Senior Nordic Extended Ski Tour |  |  |
| N | Senior Nordic Toboggan Transport/Belay |  |  |
| N | MTR Level II Course |  |  |
| P | Aid Room Management Module |  |  |
| A, N, P | Elective 1 |  |  |
| A, N, P | Elective 2 |  |  |
| A, P | Elective 3 |  |  |
| P | Elective 4  (Leadership course from list) |  |  |

**Final Certification**

By signing this application, the CT Region Senior Program Coordinator verifies all the information on this document to the best of their knowledge.

CT Region Senior Coordinator (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NSP # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This completed and approved document should be sent to:

* [Education@nsp.org](mailto:Education@nsp.org)

With copies to:

* Region Director (for the patroller’s primary patrol)
* CT Region OEC Senior Training Coordinator
* CT Region OET Senior Training Coordinator
* Region OEC Administrator
* Patrol Director (for the patroller’s primary patrol)
* Region Awards Advisor (for the patroller’s primary patrol)
* Senior Candidate