

**NSP Education Program
SENIOR CLASSIFICATION FORM**

(Candidate should submit the form to Patrol Representative who emails completed form to education@nsp.org)

Date of Submission _____

PATROLLER INFORMATION

Name	NSP ID #
Address _____	Daytime Phone
City _____ State _____ Zip _____	Evening/Weekend Phone
Email Address:	
Patrol	Years of Patrolling Experience

Senior Candidate (Signature) _____

Date _____

Senior Alpine Senior Nordic Senior Patroller

COURSE COMPLETION INFORMATION *(To be filled out by candidate)*

Include senior courses that have been taken to meet senior status.

<u>Course</u>	<u>Date</u>	<u>Location</u>	<u>Instructor</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

My signature below certifies that the above-named candidate has completed the requirements for the national Senior Program designated above.

Date _____ Patrol Representative (Signature) _____