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| **National course #** | **Starting Date** | **Ending Date** | | | | **# Hours** | **Total Enrolled** | **Total Passed** | | | | **Total Incomp.** | **Total Fail** |
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| ***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**  ***ALPINE - OET – OUTDOOR***  ***EMERGENCY TRANSPORTATION***  **Snowsports Enhancement Seminar**  **Toboggan Enhancement Seminar**  **Toboggan Refresher**  ***NORDIC***    **Nordic Skills**  **Nordic Skills Refresher**  **Nordic Skiing Refresher**  **Nordic Toboggan Refresher**  **Nordic Skiing Enhancement**  **Nordic Toboggan Enhancement Seminar**  **Nordic Masters**  **Senior Nordic Skiing Clinic**  **Senior Nordic Toboggan Clinic** | | | | **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**  ***MOUNTAIN TRAVEL & RESCUE***  **MTR Fundamentals**  **MTR Level 1**  **MTR Level 2**  **MTR Enhancement Seminar**  **ICS100.b  ICS200.b  ICS700.a**  ***INSTRUCTOR DEVELOPMENT***  **ID Course**  **ID e-course**  ***INSTRUCTOR CE***  ***(CONTINUING EDUCATION) CLINICS***  **OEC**  **Avalanche**  **Instructor Development**  **MTR**  **OET**  **Nordic**  **PES** | | | | | ***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 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:** | | | | | **Course IT Name & *Signature*:**  **NSP Number:** | | | | | **Final Eval - IT Name & *Signature*:**  **NSP Number:** | | | |
| **Patrol Number:** | | | **IOR Patrol Name:** | | | | | | | | **Division:** | | |

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| **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** | **Inc.** | **Fail** | **EMAIL AND**  **PHONE** | **ADDRESS**  **(FOR NON MEMBERS OR**  **IF CHANGED)** |
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**Instructor’s Teaching or Assisting with Course**

**(Division use only)**

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

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| **Course Name:**  **Course #:**  **Date:** | **Location:** | **Instructor of Record:**  **IT of Record:**  **Phone:**  **Email:** |

| **Name** | **NSP ID Number** | **Topic(s)/Unit(s) Taught** | **Instructor status:**  **Instructor,**  **Instr Trainee/Mentee,**  **Patroller, Other** |
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| **Starting Date** | **Completion Date** | **Total Enrollment** | **Total Passed** | **# of Hours** |
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| **Division** | **Region** | **Patrol** |
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**Follow division distribution of course records per division policy and instructor manual.**

**Instructor’s Teaching or Assisting with Course**

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