Instructor Trainee Mentoring Completion Form:OET

(***Must be submitted with Instructor Application Form to RegionSupervisor: nspwroet@gmail.com***)

WESTERN

Instructor Trainee Mentoring Completion Form:OET

(***Must be submitted with Instructor Application Form to RegionSupervisor: nspwroet@gmail.com***)

CENTRAL

Instructor Trainee Mentoring Completion Form:OET

(***Must be submitted with Instructor Application Form to RegionSupervisor: nspwroet@gmail.com***)

Application Date:	Select Program: Avalanche 1 ☐ or 2 ☐ Bike ☐ ID ☐ MTR ☐ Nordic ☐ OEC ☐ OET ☐			
Trainee Name	**NSP #**	**Division**	**Region**	**Patrol**

Address	**City**	**State**	**Zip Code**

Email	**Home Phone**	**Cell Phone**	**ID Class Date**	**ID Class #**
				#

Mentor Name	**NSP #**	**Phone**	**Email**

Date:		Reviewed NSP Mentoring Guide	Date:		Observation of experienced Instructor (if needed)
Date:		Initial mentoring meeting with Trainee	Date:		Pre-observation conference with Mentor

Mentor Observation of Trainee (minimum of two)		**Topic**	(To select: Double Click Inside Box) **Successful**	**Unsuccessful**
Date:			☐	☐
Date:			☐	☐
Date:			☐	☐

Post-observation Conference with Trainee		Recommend:	☐ Forward to IT for observation ☐ Needs further mentoring
Date:		Comments*:	

IT Name	**NSP #**	**Phone**	**Email**
The IT performing the evaluation of the Trainee should be from the same discipline. Other arrangements may be made if this is not feasible for the circumstances. (see NSP P&P 4.4.3)			

IT Observation of Trainee		**Topic**	**Successful**	**Unsuccessful**
Date:			☐	☐
Date:			☐	☐

Post-Observation conference with Mentor and Trainee		Recommend:	☐ Instructor Appointment ☐ Further mentoring/observation
Date:		Comments*:	
Date:		**Mentor Signature:**	
Date:		**Trainee Signature:**	
Date:		**IT Signature:**	

Division Program Supervisor or Regional Administrator Approval/Concurrence

As the _____ Program Supervisor/Regional Administrator for the _____ Division, I approve the instructor appointment of the intern for the education program indicated above.

Division Supervisor Name	**NSP #**	**Phone**	**Email**

Date:		**Supervisor Signature:**	

*The back of this form may be used for additional comments.