



SPECIALTY INSTRUCTOR APPLICATION



SUBMIT THIS FORM TO THE TRAINING CHAIRMAN FOR REVIEW

NAME: _____ NSS-CDS MEMBER #: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP / POST#: _____ COUNTRY: _____

HOME PHONE: (_____) _____ BUSINESS PHONE: (_____) _____

FAX: (_____) _____ E-MAIL: _____

CAVERN / INTRO INSTRUCTOR SINCE: _____ SPONSOR FOR CAVERN / INTRO: _____

CAVE DIVER INSTRUCTOR SINCE: _____ SPONSOR FOR CAVE: _____

NOTE: USE A SEPERATE FORM FOR EACH SPECIALTY!

I WISH TO APPLY FOR INSTRUCTOR STATUS FOR THE FOLLOWING SPECIALTY (CIRCLE ONE):

- | | |
|----------------------------------|--------------------------------------|
| STAGE DIVING INSTRUCTOR | DPV INSTRUCTOR |
| SIDEMOUNT INSTRUCTOR | UNDERWATER CAVE SURVEYING INSTRUCTOR |
| CARTOGRAPHY INSTRUCTOR | DEEP CAVE DIVER INSTRUCTOR |
| OVERHEAD NITROX DIVER INSTRUCTOR | RECOVERY DIVER |
| REBREATHER CAVE DIVER INSTRUCTOR | |

SUMMARY OF RELATIVE EXPERIENCE

Current number (or hours) of cave dives: _____ Number (or hours) relative to requested specialty: _____

Date experience relative to this specialty started: _____

Date NSS-CDS training relative to this specialty completed: _____ Agency if not NSS-CDS: _____

Name: _____ Instructor #: _____

Statement of personal experience and training relative to this specialty application (use reverse page of form if necessary):

*****PLEASE ATTACH ALL SUPPORTING DOCUMENTATION VERIFYING ALL REQUIREMENTS PER CURRENT NSS-CDS STANDARDS AND PROCEDURES FOR THE SPECIALTY INSTRUCTOR RATING APPLIED FOR *****

THIS APPLICANT HAS DEMONSTRATED EXPERIENCE, PROFICIENCY AND ABILITY IN THE TEACHING OF THE SPECIALTY REQUESTED ABOVE AND HAS THE APPROVAL OF THE TRAINING CHAIRMAN AND COMMITTEE TO TEACH THE ABOVE REQUESTED SPECIALTY AS OF _____(DATE).

Training Chairman: _____ Date: _____