

This form is an active (hot form) .pdf form, you may print it out to complete, then fax or mail to whom ever you need to. Or you may use the active portion to complete the form within your computer.

To use the active format follow these easy steps;

#1 Display the form on your screen

#2 Fill in appropriate areas

#3 Use the **Save As** command from your file menu button

#4 Name the document (using your name and the name of the form)

#5 Send the newly saved document as an e-mail attachment

It's that simple.

NSS-CDS INSTRUCTOR INTERN APPLICATION

E mail completed form to: trainingdirector@nsscds.org

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

HOME PHONE: _____ BUSINESS PHONE: _____ FAX: _____

BIRTHDATE: _____ DATE CAVE CERTIFIED: _____ NSS MEMBER: _____

E-MAIL ADDRESS: _____

APPLYING FOR INSTRUCTOR INTERN AT THE LEVEL CIRCLED BELOW:

CAVERN

CAVERN / INTRO TO CAVE

CAVE

SPONSOR NAME: _____ NUMBER: _____

For prerequisites, reference NSS-CDS Training Standards & Procedures

List training agency(s) that you maintain "active instructor status": Please attach copy of current liability insurance policy, current openwater instructor card, number and proof of open water students taught to date.

Agency: _____ Rating: _____ # _____

Agency: _____ Rating: _____ # _____

Agency: _____ Rating: _____ # _____

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Please list your:

Cavern Instructor: _____ #: _____ Agency: _____ Date: _____

Intro Instructor: _____ #: _____ Agency: _____ Date: _____

Cave Instructor: _____ #: _____ Agency: _____ Date: _____

CDS Recovery Instructor: _____ #: _____ Date: _____ (Recovery required for Instructor)

Current number (or hours) of cave dives: _____

Please attach proof of cave dives and brief summary of experience.

PLEASE SUBMIT TWO RECENT HEAD AND SHOULDERS PHOTOS WITH THIS APPLICATION. Also attach proof of current NSS and CDS membership.

PLEASE DO NOT WRITE BELOW THIS LINE; SPONSOR/CHAIR/COMMITTEE USE ONLY.

This applicant is prepared and ready to begin with the formal co-teaching and assisting of NSS-CDS courses at the level applied for above.

SPONSOR APPROVAL: _____ #: _____ DATE: _____

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This applicant has satisfactorily completed the required pre-requisites and is qualified as an Instructor Candidate for an Instructor Institute at the level applied for above.

CDS TRAINING FKGEVQT APPROVAL: _____ #: _____ DATE: _____