PERSONAL INSTRUCTOR ACTIVITY LOG

NAME _____ NSP ID# _____

Date of Teaching Activity (Patrol or Organization and Location)	Course/Challenge ☐	Refresher ☐	Instructor Training Clinic Attended ☐	Subjects Taught Skills Demonstrated	Verification by Instructor of Record

A record to be maintained and kept on file by the instructor for recertification purposes.

INSTRUCTOR ACTIVITY REPORT
(To be maintained by Instructor of Record)

Instructor of Record_____NSP ID#_____

Course Name_____Challenge ☐ NSP Course#_____
Refresher_____

Date Started_____ Date Completed_____ Patrol(s)
_____

I certify that the following instructors and instructor trainees participated in this program as listed below.

_____
_
Date Signature of Instructor of Record

Instructor or Instructor Trainee	Subject(s) taught or Skill Demonstrated