**CWA Climbing Wall Instructor Certification Program Application**

Name:

Name of Employer/Company:

Position/Title:

Company Address:

Personal Address (required):

Work Phone: Work Email:

Mobile Phone: Personal E-Mail:

**Instructions for prerequisites and additional questions**: Please check all that apply or provide brief answers to the following questions. This application is intended to provide your instructor with enough information to make an informed decision regarding your candidacy for certification and your readiness for the training and evaluation.

**Prerequisites**:

1. I am 18 years of age or will be by the conclusion of the course. [ ] Yes [ ] No
2. My climbing ability meets or exceeds 5.8 top-rope on artificial terrain. [ ] Yes [ ] No
3. My climbing ability meets or exceeds 5.7 lead on artificial terrain. [ ] Yes [ ] No
4. I can demonstrate basic climbing movement skills. [ ] Yes [ ] No
5. I have appropriate equipment in good condition. [ ] Yes [ ] No
6. I can demonstrate proper care, use, and inspection of climbing equipment. [ ] Yes [ ] No
7. I can demonstrate proficient belay technique with passive and assisted braking devices. [ ] Yes [ ] No
8. I am seeking a [ ]  top-rope or [ ]  lead endorsement

**Re-Certification Candidates:**

1. My previous CWA Certification Program Provider:
2. My certification expiration date:

**Additional Questions:**

1. How many years of personal climbing experience do you have?
2. Have you completed at least twenty climbing outings indoors or outdoors in the past year?
3. How many hours of formal climbing instruction have you received in the last three years?
4. Describe your ongoing professional development activities and training.
5. Summarize your work or professional experience as a climbing instructor, how many years of experience do you have in this field?
6. Do you hold any licenses, certifications, or other credentials that might be relevant to your application?
7. Briefly describe any other experience or areas of expertise you may have that might be relevant.
8. Please provide the name, contact information and daytime phone number for three non-related references:
9. Are you willing to attend a CWA certification training or refresher course every three years?

Please send a copy of your completed application to: Instructor Name

Instructor Mailing Address

Instructor Email Address