

CWA Climbing Wall Instructor Certification Program Provider Application

Instructions for contact information: Please provide the following information – all fields are required.

Na	me:
Na	me of Employer/Company:
	sition/Title:
	mpany Address:
-	mpuny / tau ess.
Pe	rsonal Address (required):
Wo	ork Phone: Work Email:
Mc	bbile Phone: Personal E-Mail:
int	structions: Please provide brief answers to all the following questions. This application is ended to provide the Certification Standards Committee with sufficient information to make an ormed decision regarding your candidacy.
Pre	erequisites:
1)	I am 21 years of age; □Yes □No
2)	I have completed basic first aid and CPR training and my certification is current; my initial first aid and CPR courses were completed in person; proof is attached (for example, American Red Cross Basic − or equivalent); □Yes □No
3)	I have successfully completed a CWA Climbing Wall Instructor Certification Course within the last three years and have 200 hours of work experience as an indoor climbing instructor; □Yes □No or, I have 400 hours of work experience as an indoor climbing instructor. □Yes □No
4)	My climbing ability meets or exceeds 5.9 top-rope and 5.8 lead on artificial terrain. □Yes □No
5)	I have, or my employer has, a current commercial general liability policy in place for operations

at our facility, or we are a self-insured government entity; proof of insurance is attached ⊠Yes

□No

Additional Questions:

6)	I am enrolled in or have successfully completed a CWA Certification Provider Course within the past year. \Box Yes \Box No
7)	Do you, or does your employer, conduct programming consistent with the CWA Industry Practices? \Box Yes \Box No
8)	Are you willing to teach, co-teach, or observe at least one CWA certification course every three years? \Box Yes \Box No
9)	Are you willing to attend a CWA certification provider training or refresher course every three years? \Box Yes \Box No
10)	Describe your ongoing professional development activities and training.
11)	Describe the support your organization is willing to provide to you for your participation in the CWA Certification Program (time, travel allowance, etc.).
12)	Summarize your work or professional experience as a climbing instructor, how many years of experience do you have in this field?

13) Do you hold any licenses, certifications, other credentials that might be relevant to your application (for example, AMGA SPI, EMT, WFR, etc.)?
14) Briefly describe any other experience or areas of expertise you may have that might be relevant.
15) Please provide the name, contact information and daytime phone number for three non-related references:
Attachments : please include attachments documenting current first aid training, current CPR certification, and proof of insurance.