INSTRUCTOR ACTIVITY REPORT

NAME_____ NSP ID#_____

Date of Teaching activity (Patrol and Location)	Course ☐	Challenge ☐	Refresher ☐	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 (I) and instructor assistants (IA) participated in this program as listed below.

_____

Date Signature of Instructor of Record

Instructor or Instructor Assistant	Check One I	IA	Subject(s) taught or Skill Demonstrated