



**Nomination / Application Form
Learning Facilitator**

Instructions:

Complete this form and provide remarks or comments from the nominator / applicant as to why the nominee/applicant would make a suitable Learning Facilitator.

Submit this form to office@cspa.ca

Nominee Information (please print clearly)

Name _____

CSPA # _____ Expiry Date _____ Highest CoP (circle) C D

Email _____

Total Jumps _____

Certified Ratings

Certified

- Coach 2
- JM or JM(R)
- SSI
- SSE
- GCI
- PFFI

Prerequisites

- Current CSPA affiliation
- CSPA "D" CoP
- 1000 Jumps
- Certified Coach 2
- Certified SSE
- Certified GCI
- Either JM or PFFI Certified
- Submission of Nomination / Application Form

Remarks about the Nominee / Applicant

Nominator's Signature _____ CSPA # _____ Date: _____

Nominee/Applicant Signature _____ Date: _____