



**Attestation of Qualification
for use by
Climbing Wall Association (CWA)
Climbing Wall Instructor Certification Program Providers**

This attestation shall be provided at the time of application as a condition of acceptance into the CWA Climbing Wall Instructor Certification Provider Pool.

I, _____ of _____
Name (type or print) Organization Name

hereby attest that I, to the best of my knowledge and belief, am qualified to participate in the CWA Climbing Wall Instructor Certification Program.

I have received, read and understood the following documents:

- CWA Certification Program Policy Manual,
- CWA Certification Standards,
- CWA Certification Program Manual and Curriculum,
- CWA Certification Program Assessment Instrument,
- CWA Certification Program Course Evaluation, and the
- CWA Industry Practices.

I have sufficient prior experience teaching climbing and have received training sufficient to qualify as a CWA Climbing Wall Instructor Certification Program Provider.

I will participate in ongoing professional development training. Furthermore, I will comply with all CWA policies, procedures and practices pertaining to the CWA certification program in the documents referenced above as they are revised from time to time.

Signature: _____ Date: _____

Address: _____