



## CWA Climbing Wall Instructor Certification Program Provider Application

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

Name: \_\_\_\_\_

Name of Employer/Company: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal Address (required): \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Personal E-Mail: \_\_\_\_\_

**Instructions:** Please provide brief answers to all the following questions. This application is intended to provide the Certification Standards Committee with sufficient information to make an informed decision regarding your candidacy.

### Prerequisites:

- 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



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.