



Cruising, Power, and Navigation Instructor - Certification Application

Level Sought: _____

Level Last Certified: _____ Date Last Certified: ____/____/____

Check one indicating the method of certification sought:

First Clinic: Re-certification Clinic: Experience Endorsement:

Special Endorsement: Crossover: Team Teaching:

Last certification was achieved by: _____

Personal Information

Name: _____ Instructor Number: _____

Address: _____

City: _____ Province: ____ Postal Code: _____

Phone (H): (____) _____ (W) (____) _____ (Cell): (____) _____

Email: _____ Birthday: ____/____/____

Male: Female: English: French:

Medical and Emergency Information

Emergency Contact: _____ Relationship: _____

Phone (H): (____) _____ (W) (____) _____ (Cell): (____) _____

Address of Emergency Contact: _____

City: _____ Province: ____ Postal Code: _____

Identify any Physical Disability or limiting Medical Condition:

Prerequisites & Experience: (Attach copies of certificates, licences, all Sail. Canada Standards achieved)

First Aid issued by: _____ on: ____/____/____ Expires: ____/____/____

CPR issued by: _____ on: ____/____/____ Expires: ____/____/____

VHF issued by: _____ on: ____/____/____ Expires: ____/____/____

PCOC issued by: _____ on: ____/____/____ Expires: ____/____/____

Highest Sail Canada Student Levels Achieved:

Afloat Cruising Level: _____ Issued at: _____ Date: ____/____/____

Afloat Power Level: _____ Issued at: _____ Date: ____/____/____

Navigation Level: _____ Issued at: _____ Date: ____/____/____

Highest Sail Canada Instructor Levels Achieved:

	Cruising	Power	IE
Level:			
Clinic Location:			
Date:			
Conductor(s):			
Special Endorsements and Date:			



Sail Canada Instructor Experience Hours:

Period	Level	Classroom	Afloat	Live-Aboard

Additional Qualifications (attach copies of certificates, logs etc.)

Canadian Power and Sail Squadron Courses completed: (attach copies of certificates and membership card)

CPS Level: _____ Squadron: _____ Year: _____

CPS Electives: _____ Year: _____ Year: _____

CPS Electives: _____ Year: _____ Year: _____

Other Organizations (e.g. RYA, ASA, US Sailing...)

Organization: _____ Level: _____ Year: _____

Organization: _____ Level: _____ Year: _____

Organization: _____ Level: _____ Year: _____

Boating Experience - Identify vessel type, number of years & location(s), identify day/night

As Crew	
As Navigator	
As Skipper	
As Owner	

Other Related Experience - Training / skills / technical experience (marine engines, training courses, scuba, first aid....)

IE Recommendation of Candidate (all except Basic Instructor levels)

I hereby provide an unqualified recommendation to the Provincial & National Committees for this candidate to become an Instructor at the identified level. I have observed the candidate teaching students. The candidate has the knowledge & ability to coach & evaluate students. The candidate has demonstrated the skills and ability to teach at the certification level sought. I believe he/she will uphold Sail Canada Code of Ethics and the LTC&P Policy.

Signature: _____ **Date:** ____/____/____

IE Name: _____ **Card #:** _____



Recommendation of Candidate (Special endorsements only)

I have personally reviewed the attached teaching materials, curriculum & lesson plans and confirm that these plans appropriately cover the material in the indicated standard. I certify that candidate has written the exam for the level of certification desired to 90% in 2 hours.

Date Written: ____/____/____ Mark Achieved: ____

Signature: _____ Date: ____/____/____

IE Name: _____ Card #: _____

Additional information required (attach separate sheets as required):

For **all Navigation Instructor standards**: identify practical day and night experience at the requested level and outline any additional qualifications to support the IE recommendation above.

For **Advanced Navigation** Instructor: identify Practical Radar Training (attach Evidence).

For **Racing Instructor**: Describe racing experience.

For **Intermediate and Advanced** instructor standards, identify flying sail experience.

For **all special endorsements** clarify the need for an instructor at the desired level in your area.

Instructor (excluding new candidates) and I.E. Candidates should complete the candidate activity report.

Number of separate sheets attached: ____

Candidate Agreement and Disclaimer

I will participate at my sole risk and responsibility and agree to abide by Sail Canada Policy and observe any safety and seamanship concerns of the Instructor Evaluator. I voluntarily waive any rights of action against Sail Canada and Instructors for any injuries, damages or losses that my property or I might sustain. I hereby certify that all of the foregoing information provided is true and correct. Further I agree to uphold the Sail Canada and the all Canada Learn to Cruise and Power Policies and Code of Ethics.

Signature: _____ Date: ____/____/____

Note: Effective January 1, 2014 a fee of \$75 must accompany applications for special endorsement submitted to Sail Canada.