



## 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:       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	Navigation	IE
<b>Level:</b>				
<b>Clinic Location:</b>				
<b>Date:</b>				
<b>Conductor(s):</b>				
<b>Special Endorsements and Date:</b>				

**Sail Canada Instructor Experience Hours (Attach additional pages as needed):**

Period	Level	Classroom	Afloat	Live-Aboard

**Additional Qualifications e.g. Sail Canada, RYA, ASA, US Sailing, CPS... (attach copies of certificates, logs etc.)**

Organization: \_\_\_\_\_ Level: \_\_\_\_\_ Year: \_\_\_\_\_

Organization: \_\_\_\_\_ Level: \_\_\_\_\_ Year: \_\_\_\_\_

Organization: \_\_\_\_\_ Level: \_\_\_\_\_ Year: \_\_\_\_\_

Organization: \_\_\_\_\_ Level: \_\_\_\_\_ Year: \_\_\_\_\_

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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 #:** \_\_\_\_\_

**For Application Reviewer Use : 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 the allocated time.

Exam \_\_\_\_\_ Date Written: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mark Achieved: \_\_\_\_

Exam \_\_\_\_\_ 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, 2022 a fee of \$150 must accompany applications for special endorsement submitted to Sail Canada.*