



**CWA Climbing Wall Instructor Certification Program
Provider Application**

Name: _____

Name of Employer/Company: _____

CWA Member Number: _____ Expiration Date: _____

Position/Title: _____

Billing Address: _____

Shipping Address: _____

Work Phone: _____ Fax: _____

Mobile Phone: _____ E-Mail: _____

Instructions: Please check all that apply, or provide brief answers to all of 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.

Additional Questions:

- 6) I am enrolled in or have successfully completed a CWA Certification Provider Course within the past year. Yes No
- 7) Do you, or does your employer, conduct programming consistent with the CWA Industry Practices? Yes No
- 8) Are you willing to teach, co-teach, or observe at least one CWA certification course every three years? Yes No
- 9) Are you willing to attend a CWA certification provider training or refresher course every three years? Yes No
- 10) Describe your ongoing professional development activities and training.

- 11) Describe the support your organization is willing to provide to you for your participation in the CWA Certification Program (time, travel allowance, etc.).

- 12) Summarize your work or professional experience as a climbing instructor, how many years of experience do you have in this field?

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.