

# Association of Professional Patrollers (APP)

## Application for Certification Testing

To test and obtain **Certified Status** with the Association of Professional Patrollers for any of the nine disciplines listed below, the Candidate must meet the following pre-requisites:

- Patrol as a Paid or Volunteer and meet minimum requirements at your ski area;
- Your Paid Patrol Director or Designated Paid Supervisor/Trainer must **sign you off** as meeting the training, knowledge and/or skill levels for testing in each discipline you check; and
- Successfully pass written test for eight of the nine APP areas, achieving an 80% or higher score. Written tests are taken at APP Mid-Winter or Spring Clinics.

For information on the APP Criteria for each of the nine disciplines, visit the APP website (<http://www.propatrollers.org/certification.html>) and the criteria is in a PDF document in each discipline's right sidebar. If the Candidate does not meet the above requirements and the APP criteria, he/she is welcome to **Audit** any of the Practical tests with the permission of the Judge and Candidate who is begin evaluated (APP Testing Fees will apply).

Name of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Ski Area: \_\_\_\_\_

Years as a Paid Patroller: \_\_\_\_\_ Years as a Volunteer Patroller: \_\_\_\_\_

Last Season Patrolled: \_\_\_\_\_ / \_\_\_\_\_ Number of Days Patrolled: \_\_\_\_\_

Level of First Aid / Medical Certification: \_\_\_\_\_

**Directions for the Paid Patrol Director OR Designated Paid Supervisor/Trainer:**  
PLEASE initial each of the area(s) that your Candidate wishes to test in. By initialing, you are indicating that the Candidate is a Paid or Volunteer Patroller or Employee at your resort, in good standing, and is ready for evaluation by the APP.

\_\_\_ Ski / Telemark / Snowboarding      \_\_\_ Explosives (Used in Avalanche Control)

\_\_\_ Hill Safety      \_\_\_ Medical      \_\_\_ Toboggans      \_\_\_ Rope Rescue

\_\_\_ Risk Management      \_\_\_ Avalanche Science      \_\_\_ Avalanche Rescue

\_\_\_\_\_  
**Signature of Candidate** – by signing, you support that you meet the pre-requisites for all disciplines you wish to test in, as outlined in the Criteria PDFs on the APP website.

\_\_\_\_\_  
**Name of Paid Patrol Director OR Paid Supervisor/Trainer**

\_\_\_\_\_  
**His/Her Initials**