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INSTRUCTOR QUALIFICATION CLINIC APPLICATION

Please type or print all information clearly. FIRST TIME APPLICANTS: fully complete all sections.
ASA INSTRUCTORS applying for advanced levels of Certification or Special Programs,
complete Sections I & V only.

I. PERSONAL DATA:

Last Name _____ First Name _____ MI _____

Shipping Address UPS delivery (No P.O. Boxes) _____

City _____ State _____ Zip _____ E-mail: _____

Telephone: Residence: (_____) _____ Business: (_____) _____

Birth date: ____/____/____ ASA Membership number: _____ Expiration date: ____/____/____
if applicable (staff only)

Have you ever been convicted of a felony? Check one: No ___ Yes ___ If yes, please explain on a separate sheet.

II. SAILING EXPERIENCE:(3 years experience required for instructor certifications)

1. How and where did you learn to sail? Include contact names and numbers if possible.

2. What types of small boats, keelboats, and multihulls have you crewed on, # years, and where?

3. What types of small boats, keelboats, multihulls, and windsurfers have you skippered, # years, and where?

4. What types of small boats, keelboats, multihulls, and windsurfers have you chartered/rented, # years, and where?

5. Explain your navigational qualifications, racing experience, racing direction, and markset experience, if any:

6. Have you ever been responsible for a boating accident where another person sustained bodily injury ?

___ yes ___ no; If yes, attach explanation.

III. TEACHING EXPERIENCE:(Teaching experience required for instructor certifications)

1. What experience have you had in teaching sailing, # years, where, levels?

2. What other teaching experience outside of sailing have you done, # years, where, levels?

IV. PRESENT CERTIFICATIONS: not prerequisites, however, if you plan to work with the public teaching sailing, CPR/First Aid certification is required. Please send a copy to the ASA clinic coordinator for your records.

___ Swimming: Issued by: _____ Expiration date: ____/____/____
___ Lifesaving: Issued by: _____ Expiration date: ____/____/____
___ CPR/First Aid : Issued by: _____ Expiration date: ____/____/____
___ FCC Radio Operator's License: Type _____ Expiration date: ____/____/____
___ Teaching credentials: Type: _____ Expiration date: ____/____/____
___ U.S. COAST GUARD License: Type _____ Tonnage _____
Serial # _____ Expiration date: ____/____/____ Sail endorsement? ___ yes ___ no

ASA Student Certifications (levels & facility) _____

V. CLINIC REGISTRATION PROCEDURE & INFORMATION:

- A. FIRST-TIME APPLICANTS: Submit this application with 100% of the Attendance Fee(s) along with ASA personal Membership (if not current) about a month in advance to receive study materials and confirm your reservation.
- B. EXISTING ASA INSTRUCTORS: Submit this Application with the full amount of all Attendance Fee(s) for all Certification levels sought.
- C. APPLICANTS FOR SPECIAL INSTRUCTOR PROGRAMS: Submit this Application with Fees as indicated in the respective descriptive literature.

Please complete the following information as noted:

- 1. Do you hold an Instructor Certification from the Canadian or other Yachting Associations? ___ yes ___ no
If yes, please attach documentation. _____
- 2. Are you planning to teach sailing at this time? ___ yes ___ no; If no please explain why you wish to become Certified. Use additional paper.
- 3. Please identify the Sail Training Facility at which you are planning to teach upon completion of your Instructor Certification.

FacilityName _____ Phone (____) _____ - _____
Address _____ City _____ State ____ Zip _____

- 4. Is this Facility affiliated with the ASA? ___ yes ___ no
If no, please explain _____
- 5. Is the above Facility sponsoring you for this Clinic? ___ yes ___ no
- 6. Location of desired Clinic: _____ Dates: _____

I have read and understand the requirements for becoming a Certified Instructor as outlined in the

ASA International Log Book, or the IQC overview titled Instructor Certification Program, form ASA-120. If rescheduling, 14 days prior to the initial instructor clinic there will be a reschedule fee of \$75.00. **Please do not call in your membership registration or apply for it on-line separately.** It is included below. I am applying for the following Certification level(s) and making payment of Fee(s) indicated:

- ASA instructor membership inside US, if not current (annual fee \$79)
- ASA instructor membership International, if not current (annual fee \$89)
- Basic Small Boat Sailing Instructor (\$295) Level 210
- Assistant Basic Small Boat Instructor (\$125) Level 209
- Basic Keelboat Sailing Instructor (\$295) Level 201
- Basic Coastal Cruising /Coastal Nav. (\$195) Level 203/205
- Bareboat Chartering Instructor (\$195) Level 204
- Coastal Navigation Instr. re-test ****See below** (\$75) Level RT205
- Advanced Coastal Cruising Instructor (\$295) Level 206
- Celestial Navigation Instructor (\$295) Level 207
- Trailerable Multihull Training (\$225) Level 212
- Trailerable Multihull Certification (\$225) Level 213
- Cruising Catamaran Certification (\$225) Level 214
- Basic Celestial Endorsement (\$210) Level 217
- Docking Endorsement Instructor (\$195) Level 218
- Other: _____

SHIPPING IN U.S. *Must Check One*
Contact ASA for international shipping costs. Shipping fees will automatically be added to your total clinic cost.

- UPS Overnight \$65.00
- UPS 2 Day \$35.00
- UPS 3 Day \$25.00
- UPS 10 Business Days \$15.00

Note: Hawaii and Alaska must be sent 2 Day or Overnight service

(ASA may take up to 5 business days to review and process your application.)

Total \$ _____ .00

Method of Payment

Check or M. O. Visa MasterCard American Express Discover

Card Number _____ Expiration _____

Security Code _____

(American Express - front side of the card • Visa/Master Card/Discover - backside of the card)

100% of the attendance fee(s) is due with your completed application along with your annual membership if it is not current.

I understand and agree that my Fees are not refundable , _____ (please initial) these fees are non-refundable unless I am not accepted for enrollment in the IQC or the IQC is canceled. I hereby certify that the information I have provided on this Application is true, complete, and correct.

I have viewed the instructor qualification orientation video. **Write in the two word code here** _____. I understand the clinic is intense and requires extensive study preparation (please initial) _____.

I understand that there are Federal and State Boating Laws that may require additional licensing if I am accepting compensation for teaching sailing.

I understand that once I am an ASA Certified Instructor I will need to certify students through an ASA Affiliate School.

Signature _____ Date _____

** The Coastal Navigation Instructor written examination is taken as part of the Basic Coastal Cruising Instructor Qualification Clinic. This test is administered at no additional charge if taken with Basic Coastal Cruising. A 90% gains Coastal Navigation Instructor status. A \$75 charge is required for all retests of the Coastal Navigation exam.