



5301 Beethoven St., Suite # 265, • Los Angeles, CA 90066
Tel.: 310.822.7171 • FAX: 310.822.4741
Email: info@asa.com

INSTRUCTOR QUALIFICATION CLINIC APPLICATION

Please type or print all information **clearly**. **FIRST TIME APPLICANTS:** fully complete all sections. **ASA INSTRUCTORS:** applying for advanced levels (instructor log-in online) to apply or complete **Sections I, V #6 & Page 3 only**.

I PERSONAL INFORMATION:

Last Name _____ First Name _____ MI _____

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

City _____ State _____ Zip _____ E-mail: _____

Telephone: Residence/Cell: () _____ Business: () _____

Birth Date: ___ / ___ / ___ Instructor #: _____ Expiration Date: _____

If applicable (*staff only*)

Have you ever been convicted of a felon? 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, and multihulls have you skippered, # years, and where?

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

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

5. Have you ever been responsible for a boating accident where another person sustained bodily injury?
_____ Yes _____ No: If yes, attach an 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: _____ Expiration date: ___/___/___
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 instructor 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 Fees(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 Association? ___ Yes ___ No
If yes, please attach additional 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 if necessary.
3. Please identify the Sail Training Facility at which you are planning to teach upon completion of your Instructor Certification.

Facility Name: _____ 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. 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. The Instructor membership should be checked off below.** I am applying for the following Certification level(s) and making payment of fee(s) as indicated:

- ___ ASA Instructor Membership inside of the *United States* (annual fee \$79) - (*Youth membership \$45*)
- ___ ASA Instructor Membership *International*, living outside of the U.S. (annual fee \$89)
- ___ Basic Small Boat Sailing Instructor (\$295) Level 210 - *Submit CPR/First Aid copies*
- ___ Small Boat Assistant Instructor (\$125) Level 209 - *Submit CPR/First Aid copies*
- ___ Instructor Preparation Clinic (\$395) Level 200 - (International only)
- ___ Basic Keelboat Sailing Instructor (\$295) Level 201
- ___ Basic Coastal Cruising /Coastal Navigation (\$195) Level 203/205
- ___ Bareboat Cruising 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
- ___ Cruising Catamaran Certification (\$225) Level 214
- ___ Basic Celestial Endorsement (\$210) Level 217
- ___ Docking Endorsement Instructor (\$195) Level 218
- ___ Other: _____

Shipping – United States Only: Check one for delivery of the clinic materials:

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

Note: Local California Area Residence: You may call to arrange for material pick – up.

Contact ASA for international shipping costs

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. *Fill the application out completely to avoid the delay of your acceptance.*

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 (on-line) titled “Become an ASA Sailing Instructor” 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 acknowledge that the decision to accept an Applicant, as an ASA instructor, is in the sole and complete discretion of the ASA.

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% score gains Coastal Navigation Instructor status. A \$75 charge is required for all retests of the Coastal Navigation exam.