



CWA Climbing Wall Instructor Certification Program Application

Please send a copy of your application to:

Attn: James Harpster
james@gravityvault.com

Name: _____

Name of Employer/Company: _____

Position/Title: _____

Address: _____

Work Phone: _____ Fax: _____

Mobile Phone: _____ E-Mail: _____

Instructions: Please check all that apply, or provide brief answers to the following questions. This application is intended to provide your instructor with sufficient information to make an informed decision regarding your candidacy for certification and your readiness for the training and evaluation.

Prerequisites:

- 1) I am 16 years of age or will be by the conclusion of the course. ☐ Yes ☐ No
- 2) My climbing ability meets or exceeds 5.8 top-rope on artificial terrain. ☐ Yes ☐ No
- 3) My climbing ability meets or exceeds 5.7 lead on artificial terrain. ☐ Yes ☐ No
- 4) I can demonstrate basic climbing movement skills. ☐ Yes ☐ No
- 5) I have appropriate equipment in good condition. ☐ Yes ☐ No
- 6) I can demonstrate proper care, use, and inspection of climbing equipment. ☐ Yes ☐ No
- 7) I can demonstrate proficient belay technique with passive and mechanical assist belay (or assisted locking) devices. ☐ Yes ☐ No

- 8) How many years of personal climbing experience do you have?
- 9) Have you completed at least twenty climbing outings indoors or outdoors in the past year?
- 10) How many hours of formal climbing instruction have you received in the last three years and from who? List highest level of training if applicable.
- 11) Describe your ongoing professional development activities and training.
- 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?
- 14) Briefly describe any other experience or areas of expertise you may have that might be relevant.
- 15) Please provide the name and daytime phone number for two non-related references:

First and Last Name: _____ Daytime Phone: _____

First and Last Name: _____ Daytime Phone: _____

List the course date you are interested in attending in order of preference:

1. Date: _____ Day: _____

2. Date: _____ Day: _____

3. Date: _____ Day: _____

Staff Use Only

Course Date: _____

POS# _____

Date: _____

Initials: _____