



## Application for Supervisor Endorsement Qualified Instructor

Check one:  Initial Endorsement  Renewal Endorsement

Print, sign, scan and return completed form and required materials to [info@prcainfo.org](mailto:info@prcainfo.org)

Date: \_\_\_\_\_  
month / day / year

PRCA Member:  Yes  No

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's Phone: ( ) \_\_\_\_\_ Applicant's Email: \_\_\_\_\_

Current Certification # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ OR  Certification pending

- Attach:  Employer letterhead verification of applicant's current instructor supervisory duties in relation to challenge courses, aerial adventure parks, canopy /zip line tours OR the regulation thereof.  
 Evidence of applicant having completed a minimum of 24 hours of management related training OR two years of supervisory work experience. (May be included in employer's letterhead verification required above.)

I hereby certify that the above information is true. I understand that any false statements will disqualify me from the PRCA Certification program. I have read and understand the PRCA Certification Program Policies and agree to follow them in the discharge of my duties. I understand that failing to provide required documentation will delay the approval of my supervisor endorsement and may result in the endorsement not being granted or renewed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Endorsement fees must be paid before application is considered – fees may be paid by credit card at [www.prcainfo.org](http://www.prcainfo.org) OR by check made out to PRCA, mailed to PRCA, 6260 E. Riverside Blvd., #104, Loves Park, IL 61111)

<b>For PRCA Office Use Only</b>			
<input type="checkbox"/> App.	<input type="checkbox"/> Payment	<input type="checkbox"/> CEB approval	<input type="checkbox"/> Emailed to Applicant