

# NATIONAL RIFLE ASSOCIATION

## APPLICATION FOR APPOINTMENT AS AN NRA TRAINING COUNSELOR



The following specific information concerning the NRA Training Counselor application and appointment process. Please study it carefully to be sure you meet all requirements before submitting the application.

Please answer **all** questions as thoroughly as possible. All portions must be completed in order for your application to be evaluated.

**Your application must be accompanied by:** (a) three letters of recommendation written in accordance with the guidelines for training counselor references (each of your references should submit their letters to you in a separate sealed envelope); (b) a Training Counselor Signature Card; and (c) the training counselor appointment fee. (You will need to pay this fee annually, in addition to your instructor certification fee, in order to renew your training counselor appointment. In the event your application is not accepted, the appointment fee will be refunded.)

Please mail your application materials to: Instructor/Training Counselor Program Coordinator, NRA Training Department, 1125 Waples Mill Road, Fairfax, VA 22030.

**Application materials must be submitted within 90 day. of successful completion of an NRA Training Counselor Workshop.** Upon receipt of your application materials, processing and evaluation normally take place within 90 days.

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### Purpose of NRA Training Counselor

The primary purpose of an NRA Training Counselor is to conduct NRA Instructor Training Courses.

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### NRA Training Counselor Eligibility Requirements

In order to be eligible to apply for the training counselor appointment you must be:

1. A current NRA member.
2. An active NRA Certified Instructor with at least two years al recent experience teaching NRA Basic Firearm Training, Courses according to current NRA standards.

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### NRA Training Counselor Appointment Criteria

1. NRA Certified Instructor experience, activity, and performance
2. Attendance and performance at an NRA Training Counselor Workshop
3. Educational background
4. Firearm and shooting experience
5. Teaching experience
6. Leadership experience
7. Community service experience (e.g., scouts PTA, civic clubs, etc.)
8. References' recommendations

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### NRA Training Counselor Responsibilities include:

1. Training NRA Certified Instructors in your area.
2. Evaluating instructors.
3. Assisting NRA staff with NRA Training Counselor Workshops.
4. Special training projects.

ID # \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ (Last) (First) (M.I.) DOB \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_

Employer \_\_\_\_\_

Position Held \_\_\_\_\_

NRA Membership: Annual \_\_\_\_\_ Life \_\_\_\_\_ Other \_\_\_\_\_

*NRA Training Counselors are authorize to conduct NRA Instructor Training Courses in those areas in which they have at least two years of experience teaching NRA Basic Firearm Training Courses.*

*As appropriate, please provide the specific information requested for each area in which you plan to conduct Instructor training courses. **Please attach additional sheets if necessary.***

**Pistol**

I am an NRA Certified Pistol Instructor. \_\_\_\_\_ yes \_\_\_\_\_ no Certification Date \_\_\_\_\_

List all the NRA Basic Pistol Shooting Courses you have conducted during the last two years.

<u>Location</u>	<u>Dates</u>	<u># of students graduated</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Rifle**

I am an NRA Certified Rifle Instructor. \_\_\_\_\_ yes \_\_\_\_\_ no Certification Date \_\_\_\_\_

List all the NRA Basic Rifle Shooting Courses you have conducted during the last two years.

<u>Location</u>	<u>Dates</u>	<u># of students graduated</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Shotgun**

I am an NRA Certified Shotgun Instructor. \_\_\_\_\_ yes \_\_\_\_\_ no Certification Date \_\_\_\_\_

List all the NRA Basic Shotgun Shooting Courses you have conducted during the last two years.

<u>Location</u>	<u>Dates</u>	<u># of students graduated</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Home Firearm Safety**

I am an NRA Certified Home Firearm Safety Instructor. \_\_\_\_ yes \_\_\_\_ no Certification Date \_\_\_\_\_

List all the NRA Home Firearm Safety Courses you have conducted during the last two years.

<u>Location</u>	<u>Dates</u>	<u># of students graduated</u>
1.		
2.		
3.		

**Personal Protection**

I am an NRA Certified Personal Protection Instructor. \_\_\_\_ yes \_\_\_\_ no Certification Date \_\_\_\_\_

List all the NRA Personal Protection Courses you have conducted during the last two years.

<u>Location</u>	<u>Dates</u>	<u># of students graduated</u>
1.		
2.		
3.		

**Muzzleloading Pistol**

I am an NRA Certified Muzzleloading Pistol Instructor. \_\_\_\_ yes \_\_\_\_ no Certification Date \_\_\_\_\_

List all the NRA Basic Muzzleloading Pistol Shooting Courses you have conducted during the last two years.

<u>Location</u>	<u>Dates</u>	<u># of students graduated</u>
1.		
2.		
3.		

**Muzzleloading Rifle**

I am an NRA Certified Muzzleloading Rifle Instructor. \_\_\_\_ yes \_\_\_\_ no Certification Date \_\_\_\_\_

List all the NRA Basic Muzzleloading Rifle Shooting Courses you have conducted during the last two years.

<u>Location</u>	<u>Dates</u>	<u># of students graduated</u>
1.		
2.		
3.		

**Muzzleloading Shotgun**

I am an NRA Certified Muzzleloading Shotgun Instructor. \_\_\_\_ yes \_\_\_\_ no Certification Date \_\_\_\_\_

List all the NRA Basic Muzzleloading Shotgun Courses you have conducted during the last two years.

<u>Location</u>	<u>Dates</u>	<u># of students graduated</u>
1.		
2.		
3.		

**Reloading: Metallic Cartridge**

I am an NRA Certified Metallic Cartridge Reloading Instructor. \_\_\_ yes \_\_\_ no Certification Date \_\_\_\_\_

List all the NRA Reloading Courses you have conducted during the last two years.

<u>Location</u>	<u>Dates</u>	<u># of students graduated</u>
1.		
2.		
3.		

**Reloading: Shotshell**

I am an NRA Certified Shotshell Reloading Instructor. \_\_\_ yes \_\_\_ no Certification Date \_\_\_\_\_

List all the NRA Reloading Courses you have conducted during the last two years.

<u>Location</u>	<u>Dates</u>	<u># of students graduated</u>
1.		
2.		
3.		

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Why do you wish to become an NRA Training Counselor?

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Are you currently serving as an instructor for a shooting club or other group?  yes  no

Name and address of club \_\_\_\_\_

Have you assisted an NRA Training Counselor in conducting NRA Instructor Training Courses?  yes  no

Name of training counselor \_\_\_\_\_

Summarize your firearm and shooting experience

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Briefly list your educational background (i.e., high school, specialized training, college, etc.). Note areas of specialization.

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Summarize your instructional experience in other fields.

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List your leadership positions held in national, state or local shooting or sporting organizations.

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Summarize your community service activities.

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NRA Training Counselors are expected to be active. During the first year, where and when do you expect to conduct instructor training courses in your area? Please be specific.

<u>Type</u>	<u>Month</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have successfully completed the following NRA Training Counselor Workshop(s):

Date \_\_\_\_\_ Location \_\_\_\_\_

Discipline-specific session(s) attended: \_\_\_\_\_

Date \_\_\_\_\_ Location \_\_\_\_\_

Discipline-specific session(s) attended: \_\_\_\_\_

**References**

They should be personally familiar with your experience with firearms and shooting; teaching; leadership; community service; and your NRA instructor activity and performance. Please supply your references with the guidelines for their letters of recommendation, and have them give you their letters in a sealed envelope.

1.

\_\_\_\_\_  
Name Daytime Phone

\_\_\_\_\_  
Street City State Zip

2.

\_\_\_\_\_  
Name Daytime Phone

\_\_\_\_\_  
Street City State Zip

3.

\_\_\_\_\_  
Name Daytime Phone

\_\_\_\_\_  
Street City State Zip

The above information accurately represent my qualifications for appointment as an NRA Training Counselor. I have read and am fully aware of the responsibilities of the NRA Training Counselor appointment as specified in the current *NRA Training Counselor Guide*, and am entirely willing to accept and carry them out in my community. I am also aware that my continued appointment as a Training Counselor is dependent on my annual activity in conducting NRA Instructor Training and Basic Firearm Training Courses. I agree fully to uphold the standards of instructor training and basic firearm training as established by the NRA.

\_\_\_\_\_  
(Signature)

***Additional Information***

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***A Training Program of the National Rifle Association***

