

Telescope Operator Certification

Telescope Trainee: Sign below to acknowledge that you have received sufficient training by your Telescope Trainer to fulfill your role as a certified Telescope Operator by facilitating the telescope(s) indicated below in a safe, knowledgeable, fun and professional manner for DMNS guests.

Name (Print) _____

Name (Signature) _____ Date _____

Telescope Trainer: Sign below to indicate that the Telescope Trainee is ready to be certified by a designated staff trainer and can operate the telescope(s) indicated below in a safe, knowledgeable, fun and professional manner for DMNS guests.

Lunt H-Alpha/White Light and/or Celestron C-8/Coronado H-Alpha

Name (Print) _____

Name (Signature) _____ Date _____

Staff Trainer: Sign below to indicate that the Telescope Trainee has demonstrated the skills necessary to be a certified Telescope Operator.

Name (Print) _____

Name (Signature) _____ Date _____