

# INSTRUCTOR RECORD

## Instructor Information

Last Name:	First Name:	Middle Initial:
Address:	City:	State and Zip:
Phone:	Work Phone:	Mobile:
Fax Number:	E-Mail:	Website:

## Instructor Experience

Course to be taught: \_\_\_\_\_

List experience, education on and training that qualifies you to instruct this course. (Must attach qualifying certificates or any relevant secondary or third-party licenses.)

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**References** – who can best attest that you are qualified to teach this course (include name and address)

1 <sup>st</sup> Reference:	Phone:
2 <sup>nd</sup> Reference:	Phone:
3 <sup>rd</sup> Reference:	Phone:

## Instructor Attestation

I certify that all of the above is accurate to the best of my knowledge.

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date