

Instructor Information

Instructor Name: _____

Instructor Address: _____

Instructor Phone: _____ (hm) _____ (wk) _____ (cell)

Instructor Email Address: _____

Instructor Qualifications: _____

Instructor Profession/Employer: _____

Emergency Contact Name: _____ Phone: _____

Courses: _____

For Office Use Only

____ References Verified

____ Qualifications Documented

____ Completed Instructor Orientation

Qualifications:

Coordinator's Initials: _____

Date: _____