

# Instructor Application

Name		Telephone Number				
Previous Name (if applicable)		2nd Telephone Number				
Address		City, State, Zip				
Email		Professional Title			Agency	
Instructor Level Applying For:						
<input type="checkbox"/> Facilitator: Virtual	<input type="checkbox"/> Instructor Re-application	<input type="checkbox"/> Level I – associate degree	<input type="checkbox"/> Level II – bachelor's degree	<input type="checkbox"/> Level III – master's or doctorate	<input type="checkbox"/> Specialty Instructor (nurses such as LPN, RN, BSN, dental, EMT, firefighter, etc.) Type: _____	<input type="checkbox"/> Please select if you would like to train the core series for Statewide Online
<input type="checkbox"/> Facilitator: In-Person						
List specific curricula you wish to instruct:						
<input type="checkbox"/> I want to be an internal trainer for my center (select all that apply)			<input type="checkbox"/> EC-PBIS IT and PK Modules (PW-PBIS only)			
			<input type="checkbox"/> I want to develop training for my center on-site only			

**All CCR&R Instructors must submit this form and the following documents, if applicable, to the Regional Training Specialist:**

(Complete if not employed by a CCR&R Agency or other HHS-approved training organization.)

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|---|--|
| <input type="checkbox"/> Resume/Vitae   | <input type="checkbox"/> One current letter (dated within 90 days of application), recommendation from a person not employed by CCR&R  |
| <input type="checkbox"/> Copy of college transcripts (for Level 1-3 Instruction)                    | <input type="checkbox"/> Additional Documentation, as stated for specific CCR&R-approved curricula, such as any train-the-trainer certificates, which would include online core train-the-trainer requirements |
| <input type="checkbox"/> Copy of Current nursing license or certificate (for Specialty Instruction) |  |

**CCR&R Instructors employed by CCR&R Agencies or other HHS-approved training organizations complete this section:**

- Documentation of employment
- Additional documentation, as stated for specific CCR&R-approved curricula, such as any train-the-trainer certificates

**Instructor Re-application only needs the following:**

- New Application – Appendix A (check Instructor Re-application)
- Specialty- updated license
- 20 hours of adult learning training
- Any new Train the Trainer certificates, which would include online core train-the-trainer.

**Please submit the Instructor Application to your Regional Professional Development Specialist.**

After the CCR&R Instructor approval process, the applicant will receive the following:

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|--|---|
| • Letter of Decision (approval valid for all CCR&R Agencies) | • <i>Facilitator Agreement form</i> (optional)          |
| • <i>Instructor Agreement form</i>                           | • Link to CCR&R Training Policies & Procedures Handbook |

For Office Use Only		
Date Received:	Date Decided:	Expiration Date:
Decision (check one):	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reason for Denial: