



# Instructor Application

Name		Telephone Number	
Previous Name (if applicable)		2 <sup>nd</sup> Telephone Number	
Street Address	City	Zip Code	County
Email	Professional Title	Agency	
Instructor Level applying for: <input type="checkbox"/> Level I - associate degree <input type="checkbox"/> Level II - bachelor's degree <input type="checkbox"/> Level III - master's or doctorate degree <input type="checkbox"/> Specialty Instructor (nurse such as LPN, RN, BSN; dental, EMT, fire fighter; etc.) Type: _____ <input type="checkbox"/> Instructor Re-application			
List specific curricula you wish to instruct:			
_____			

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 DHS approved training organization.)

- Resume/vitae
- Copy of college transcripts (for level 1 – 3 instructors)
- Copy of current nursing license or certificate (for Specialty Instructors)
- One current letter (dated within 90 days of application) of recommendation from persons not employed by CCR&R
- Additional documentation as stated for specific CCR&R approved curricula, such as any train-the-trainer certificates

CCR&R Instructors employed by CCR&R Agencies or other DHS 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

**Please submit the Instructor Application to your Regional Training Specialist.**

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

- Letter of Decision (approval valid for all CCR&R Agencies)
- *Instructor Agreement* form
- *Facilitator Agreement* form (Optional)
- Link to CCR&R *Training Policies & Procedures Handbook*

For Office Use Only	
Date Received	Date Decided
Decision <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Renewal Date (CCR&R Instructors shall re-apply every 5 years)
Reason for Denial	