



Application for Certified Technical Instructor

When Completed mail to:

IS CET 3000-A Landers St. Fort Worth, TX 76107

ATTN: CTI Application

Submission Requirements: The candidate will submit a copy of their CV (Curriculum Vita) or résumé, copies of all licensing, certification and/or recommendation documents, and a thirty (30) minute video of a classroom session. The classroom video must begin one (1) minute before class starts and cannot be edited or paused at any point (the only exception is if during the normal course of the lesson it is necessary to move to another location to accomplish a project or element directly related to the content being discussed). The video must show at least five (5) persons in the class and have well defined audio. All persons identifiable in the video must complete a release form, which will accompany the video. In the case of an online course, pre-recorded or distance learning course documentation of student interaction must accompany the video. Live feed courses should record the presence of the students in the video. The video may be submitted on a standard CD, DVD, on a flash drive or uploaded to a secure server (the file format must be .avi, .mov, .mpg or .wmv). The video will not be returned.

Please fill in the following information and submit with certification fee. Applications will be processed within thirty (30) days after all required materials have been received. Failure to provide all required materials will result in denial of certification. Notification will be sent listing missing or incorrect materials. Candidate may resubmit missing/incomplete materials once within thirty (30) days for same application. The fee is non-refundable.

Position: (circle one) Teacher Instructor Professor Corporate Trainer Independent Trainer

Level Taught: (circle all that apply) Secondary Post-Secondary Industry

Last Name _____ First Name _____

Address _____

City _____ State _____ Country _____ Zip/Postal Code _____

E-mail _____ Phone # _____

Current Employer _____ Supervisor Name _____

Address _____

City _____ State _____ Country _____ Zip/Postal Code _____

Previous Employer _____ Supervisor Name _____

(If current less than three (3) years)

Address _____

City _____ State _____ Country _____ Zip/Postal Code _____

I have read the requirements and terms for this certification and application. I declare that all materials submitted are true and accurate. Signed _____ Date _____

Check List of required Items to be included:

____ CV or résumé _____ Copies of required documents _____ Recorded video –or–

(Licensing, certifications, recommendations)

____ Check here for upload

Instructions will be emailed to the address listed on this application

____ Application Fee - \$150

To be completed by review committee received _____ approved _____ denied _____

Reason for denial _____

To be completed by IS CET office received _____ certificate issued _____ denial sent _____