INSTRUCTOR REQUEST FOR FDOT'S CONSTRUCTION TRAINING QUALIFICATION PROGRAM

Submit To: FDOT State Construction Training Administrator
605 Suwannee St., Mail station 31
Tallahassee, Florida 32399-0450
Or email to: Susan.Robeson@dot.state.fl.us

Name: _____

TIN: _____

Address: _____

_____

Email address: _____

Phone number: _____
(see CTQM 1.11(1) for details)

Contact Details to post on website

Name: _____

Provider(s): _____

Address: _____

_____

Phone number: _____

Email address: _____
(see CTQM 1.11(2) for details)

Seeking Approval as a CTQP Instructor for the following course:

_____
(Each course desired will require a separate Instructor Approval Request form to be submitted)

Check the boxes for the corresponding documentation submitted with this request
(see CTQM 1.11(4) & 1.11(5) for details)

☐ I have attached my resume (**REQUIRED)**
(The Applicant must attach a copy of their resume. This resume must convey experience qualifying them to be considered as an Instructor for the FDOT CTQP course requested.)

☐ I have taken a "Train the Trainer" workshop and have attached documentation

☐ I have held a valid teaching certificate and have attached documentation

☐ I have teaching experience in this technical field and have attached documentation

☐ I am a recognized expert in this field and knowledgeable on this subject area and have attached documentation

☐ Any other information the prospective Instructor considers will assist the TRT in evaluating this application

_____ _____
Signature Date

_____
Print Name

The Applicant may be required to demonstrate their abilities and knowledge at a regular meeting of Technical Review Team of the Specialty Area in which they are requesting approval.