

2016 TST Instructor Application Form

I understand the requirements of a TST Instructor as outlined on the TST portal and agree to fulfill them.

Signature of Applicant _____ Date _____

Print Name and Degree(s) _____

Agency _____

Work Address _____

City _____ Zip Code _____ County of Work _____

Work Phone _____ Email Address _____

Date of TTT Class (certifying you as a trainer): _____ Name of Instructor: _____

Location of Training: _____
(Agency) (City)

I agree to have my contact information listed on the TST Portal for individuals trying to find a TST course in their area (optional).

Check One: YES NO

Signature of Employer/Sponsor _____