

TST Instructor Application Form for Master Regional Trainers (MRT)

Name of Applicant: _____

Credentials(s): _____

Date: _____

Agency Name: _____

Agency Address (primary work location): _____

City: _____ State: _____ Zip Code: _____

Agency County (primary work location): _____

Work Phone: _____ Other Phone: _____

Email Address (required): _____

Date were you first certified to Read & Administer TSTs: _____

Date you were first certified as a TST Instructor: _____

I understand the requirements of a Master Regional Trainer as outlined on the TST Portal and agree to fulfill them.

Signature of Applicant _____

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

Agency/Employer Supervisor Signature: _____

Date: _____

Email Address: _____

Phone: _____

**Please return completed form and Resume/CV to tstreg@mphi.org.
Additional TST Information can be found at www.michigan.gov/tb.**

Disclaimer: The application process for MRT could take up to 60 days.

Please keep a copy of this form for your records