

Instructor Applicant Certification Log

Instructor Applicant's Name: _____

Driver License Number: _____

Supervising Instructor Coordinator Approval

(Must be obtained prior to attending class)

Name: _____

Number: _____

Signature: _____

Training Instructor Coordinator's Name:
(If different than Supervising Instructor Coordinator) _____

Training Instructor Coordinator's Number _____

Topics: (All Topics Must Be Covered)

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Introduction & Instructor's Overview
<input type="checkbox"/> Administrative Procedures
<input type="checkbox"/> Title 67, Chapter 71
<input type="checkbox"/> Instructor's Guide to Training Drivers
<input type="checkbox"/> Using the Instructor's Manual
<input type="checkbox"/> Using Pub 223 | <input type="checkbox"/> Completion of Paperwork
<input type="checkbox"/> Use of Resources
<input type="checkbox"/> Course Summary
<input type="checkbox"/> Post Test |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Training Date	Instructor Coordinator Number	Training Start Time	Training End Time	Break Time (List all Breaks)	Total Training Hours Per Date

I Have Completed _____ Hours of Instructor Training.

The signatories below hereby certify under penalty of law that the information contained herein is true and correct. WARNING: Falsification to authorities is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or imprisonment up to 1 year (18 PA C.S. Section 4904 (b)).

Instructor's Signature

Training Instructor Coordinator's Signature

Date

Date