



State of Utah
Department of Workforce Services
UTAH PROFESSIONAL DEVELOPMENT SYSTEM
SPECIALTY INSTRUCTOR APPROVAL APPLICATION



Before an individual begins teaching, this form and accompanying documents must be submitted to and approved by the statewide Professional Development Specialist at the Office of Child Care. If you have any questions regarding this form or the instructor approval process, please contact Heather Adams, Office of Child Care Professional Development Specialist, at 385-315-7908.

Please submit the following checklist items:

- Specialty Instructor Approval Application (if applicable, include a conditional approval plan)
- Current Resume
- Transcripts **or** a copy of Credential/Certificate
- Signed copy of the Instructor Agreement

SECTION 1: INSTRUCTOR INFORMATION

Name: _____
Last First

Home Address:

Street Address: _____ Apartment/Unit #: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ **Alternate Phone:** _____

Email: _____

Courses Requesting to Teach:

SECTION 2: INSTRUCTOR QUALIFICATIONS

Specialty instructors may train in their field of expertise and must have a current license, certification or bachelor's degree in that field **plus** two years of experience related to the specialty area.

Degree (bachelor's, master's, etc.) and major field of study **or** certification:

Experience related to specialty area:

Individuals who meet the above qualifications may only teach specific Career Ladder classes related to their area of expertise.

SECTION 3: CONDITIONAL STATUS

If an applicant meets most but not all of the course requirements he or she may be able to teach on a conditional status. A three-year conditional approval plan outlining the applicant's commitment to receive additional training shall be included with the Specialty Instructor Approval Application. Progress on the plan will be submitted on an ongoing basis. If all agreed-upon training requirements are not complete within three years, the instructor will forfeit his or her approved status.

SECTION 4: SUBMITTER INFORMATION

Please indicate which counties the instructor is willing to provide classes.

- | | | | |
|------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Beaver | <input type="checkbox"/> Garfield | <input type="checkbox"/> Piute | <input type="checkbox"/> Tooele |
| <input type="checkbox"/> Box Elder | <input type="checkbox"/> Grand | <input type="checkbox"/> Rich | <input type="checkbox"/> Uintah |
| <input type="checkbox"/> Cache | <input type="checkbox"/> Iron | <input type="checkbox"/> Salt Lake | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Carbon | <input type="checkbox"/> Juab | <input type="checkbox"/> San Juan | <input type="checkbox"/> Wasatch |
| <input type="checkbox"/> Daggett | <input type="checkbox"/> Kane | <input type="checkbox"/> Sanpete | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Davis | <input type="checkbox"/> Millard | <input type="checkbox"/> Sevier | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Duchesne | <input type="checkbox"/> Morgan | <input type="checkbox"/> Summit | <input type="checkbox"/> Weber |
| <input type="checkbox"/> Emery | | | |

If submitting on behalf of an applicant who is employed at an approved Career Ladder training agency, please indicate the following:

- I reviewed the applicant's transcripts or certification and resume and believe this instructor to be qualified to teach the above listed Career Ladder classes without any further course work.
- I reviewed the enclosed transcripts and resume and believe this instructor **does not** currently have all the required course work, but I believe him/her to be qualified to teach Career Ladder level classes. A conditional approval plan is enclosed.

Print Submitter's Name: _____

Date of Submission: _____

Please allow up to two weeks for processing and mail or email all documents to:

Heather Adams – Professional Development Specialist
Office of Child Care – Department of Workforce Services
140 E. 300 S.
Salt Lake City, UT 84111
hadams@utah.gov

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.