



INSTRUCTOR EXEMPTION

Please type or print in black or blue ink.

Instructor's Name: _____

Facility/Program/Circuit & Unit: _____

Topics/Classes Instructor Teaches: _____

Please describe the instructor's education, training, work experience, and/or employment that qualify him or her to be exempt from ITW instructor certification. An attached resume' may serve as appropriate documentation.

EDUCATION

TRAINING

EXPERIENCE

EMPLOYMENT

Facility/Program/Circuit Administrator's Signature

Date

Director of Staff Development & Training

Date