

MASTER TRAINER APPLICATION GSUSA EARNED RECOGNITION

Name: _____
Home phone: _____ Work phone: _____
Home e-mail: _____
Work e-mail: _____



To qualify as a Master Trainer, you must have the following:

PART I:

- Received Experienced Trainer rocker on _____ (date)

PART II:

- Completed two years as an Experienced Trainer from _____ to _____.

PART III:

- Completed continuing education requirement as Experienced Trainer (6 hrs/3 years):

<i>COURSE & LOCATION</i>	<i>DATE</i>	<i>HOURS</i>
1. _____		
2. _____		
3. _____		
4. _____		

PART IV:

- Served on a training committee, or task group designing curricula.
_____ *committee* _____ *date(s)*

PART V:

- Taken a leadership role in the council training function. Such roles include but are not limited to: TET Team, large training event coordinator, or mentoring apprentice trainers.
_____ *role taken* _____ *date(s)*

Please make a copy of this application for your own records. Submit one copy to your Association Training Manager (ATM) and one to your Training Specialist.