



## APPLICATION FOR CAPPA FACULTY POSITION

The following application needs to be completed and submitted with all pre-approval documentation to the CAPPA office. Please review the pre-requisites before completing the application:

- Must have extensive knowledge in the area for which you are applying.
- Must be a current CAPPA member in good standing.
- Must have a minimum of 3 years' experience in the area of specialty you are seeking faculty status.
- Must agree to CAPPA's Vision, Mission, and Approach.
- Must not be faculty or Trainer with another organization offering comparable certification programs.
- Must be technologically savvy, have experience and/or access to website development, social networking experience, and access to a webcam.
- Must have the ability to attend the free CAPPA Conference at least once every 2 years.
- Must be able to own and operate your own business.
- Must have the ability to market trainings effectively. Will need to submit a marketing plan if CAPPA proceeds with your application.
- Must have the ability to offer at least 3 trainings every 12 months.

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POSITION YOU ARE APPLYING FOR

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DATE AVAILABLE TO START POSITION

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STATE/PROVINCE AND/OR REGION YOU WISH TO FOCUS ON

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### PERSONAL INFORMATION

FULL NAME

EMAIL ADDRESS

HOME ADDRESS

HOME PHONE

CITY | STATE/PROVINCE | POSTAL CODE

CELL PHONE

WEBSITE

FACEBOOK URL

Are you a Citizen in the Country you are applying for?

- Yes                       No

Have you ever been convicted of a felony?

- Yes                       No

What languages do you speak fluently?

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## EDUCATION/CERTIFICATIONS

SCHOOL NAME / LOCATION	MAJOR
DEGREE RECEIVED	YEARS ATTENDED

### Certifications & Organization

Please list date of original certification, renewal date, and organization(s) certified with. If selected as a Faculty member, you will be required to submit proof of these certifications to your Senior Program Advisor.

Certification	Renewal Date	Organization

### Teaching History

Please detail your experience teaching to adult learners.

## PROFESSIONAL EXPERIENCE

Please detail your experience in the field in which you wish to train as CAPPa Faculty. CAPPa expects a minimum of 3 years' experience in the field in which you will be teaching.

## EMPLOYMENT HISTORY

Please list relevant employment history from the past 7 years.

EMPLOYER	DATES EMPLOYED
POSITION	ADDRESS
WORK PHONE	CITY   STATE/PROVINCE   POSTAL CODE
DUTIES PERFORMED	
SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER	DATES EMPLOYED
POSITION	ADDRESS
WORK PHONE	CITY   STATE/PROVINCE   POSTAL CODE
DUTIES PERFORMED	
SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER	DATES EMPLOYED
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DUTIES PERFORMED	
SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## REFERENCES

<b>REFERENCE 1 NAME</b>	PHONE
EMAIL	RELATIONSHIP
<b>REFERENCE 2 NAME</b>	PHONE
EMAIL	RELATIONSHIP
<b>REFERENCE 3 NAME</b>	PHONE
EMAIL	RELATIONSHIP

## ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for Faculty status. I understand that by enrolling in CAPPAs certification program and/or taking a CAPPAs training does NOT guarantee that my faculty application will be approved, and no refund will be offered for training classes or certifications.

NAME (PRINTED)

SIGNATURE

DATE

### Please turn in the following items:

- Current CV or résumé
- Completed and signed Application for CAPPAs Faculty Position
- Four letters of recommendation from other professionals or former employers

**CAPPAs**  
**PO Box 340**  
**Hoschton, GA 30548**  
[info@cappa.net](mailto:info@cappa.net)

### FOR OFFICIAL USE ONLY

Date Application Received:	_____
All Pre-Approval documents received:	_____
Interview set-up? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date and time scheduled: _____
Comments:	_____ _____ _____
Approved for Secondary Application process:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved for Faculty Enrollment:	<input type="checkbox"/> Yes <input type="checkbox"/> No