



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.

POSITION YOU ARE APPLYING FOR
DATE AVAILABLE TO START POSITION
STATE/PROVINCE AND/OR REGION YOU WISH TO FOCUS ON

PERSONAL INFORMATION

FULL NAME	EMAIL ADDRESS
HOME ADDRESS	HOME PHONE
CITY STATE/PROVINCE POSTAL CODE	CELL PHONE
WEBSITE	SOCIAL MEDIA HANDLE(S)

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

- Yes No

Have you ever been convicted of a felony?

- Yes No

What language(s) do you speak fluently?

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?

Yes

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?

Yes

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?

Yes

No

REFERENCES

REFERENCE 1 NAME	PHONE
EMAIL	RELATIONSHIP
REFERENCE 2 NAME	PHONE
EMAIL	RELATIONSHIP
REFERENCE 3 NAME	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
- 10- to 15-minute video of yourself teaching a topic relevant to the program you are applying for

CAPPA
PO Box 340
Hoschton, GA 30548
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