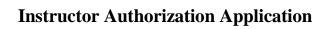
Private Training Schools





Notes:

- In addition to filling out this form, please include your current **resume.** Clearly and explicitly, detail the information as it will be used in determining the type and amount of training and experience you possess for authorization as an instructor.
- Please provide copies of any post-secondary degree(s), diploma(s), certificate(s) and licenses that you have that are relevant to the application.
- Please included a current **Criminal Record Check** with your application.
- Please make the \$35 fee payable to the Minister of Finance. There is no fee if the person holds a teacher certificate issued by the PEI Minister of Education and Lifelong Learning.

Instructor:	Date of Application:
	E-mail:
School:	
Private training school: _	
	Telephone:
E-mail:	
	ations accounting (manual and computerized), information system hology, hairdressing, heavy equipment operation, travel & tourism, truck-

Education and Training:

What is the education or training (basic and/or continuing) that qualifies you to be an instructor in the subject areas you listed in the previous section? Give enough information to help us understand how much and what depth of learning you did, and the nature of the place in which you did it. Please provide a copy of any certification you have that is relevant to the position.

Education/Training Programs (name and subject matter, and outcome)	Training Institution/Provider	Completion or Graduation Date
Occupation & Work Experience:		
What is the experience you have had in this occupation ubject areas you have listed? Give enough information	1 2	

been doing, in what kind of situation, and for how long

Nature of the work. What kind of tasks/functions were you doing?	Employer/Place of Employment (name and location)	Start and End Duration

License/Certification as an Instructor:

2	ducator (instructor, teacher, trainer), a license or certificate issued long Learning or a similar authority? If so, tell us what it is:
Name/type of the license or certificate	e:
Issuing Authority:	
Licensee Name:	Registration #:
Date of issue:	Date of expiry:

Training as an Instructor:

What education/training (basic and/or continuing, in-service) have you received to prepare you to be an instructor?

Experience as an Instructor: Bave you previously taught in fields related to the subject area(s) you listed? If so, tell us what the program r courses were (subject, level, type of students, circumstances), where taught, and when. Program/Courses taught (name, subject area level, type of students) Boy out hold a license or certificate: Do you hold a license or certificate issued by an official regulatory body, a government agency r legally recognized authority in the industry, which indicates your formal qualification to york in your occupation? If so, please tell us. Sype of the license or certificate: Susing authority:	Program/Course	Institution/Provider name and	Completion date
As you previously taught in fields related to the subject area(s) you listed? If so, tell us what the program r courses were (subject, level, type of students, circumstances), where taught, and when. Program/Courses taught (name, subject area level, type of student) Duration Duration Decupational License/Certificate: Or you hold a license or certificate issued by an official regulatory body, a government agency r legally recognized authority in the industry, which indicates your formal qualification to york in your occupation? If so, please tell us. Eype of the license or certificate: Ssuing authority:	name, subject matter duration, outcome, qualification.	location	Completion date
Ave you previously taught in fields related to the subject area(s) you listed? If so, tell us what the program recourses were (subject, level, type of students, circumstances), where taught, and when. Program/Courses taught (name, subject area level, type of student) Duration Duration Decupational License/Certificate: Or you hold a license or certificate issued by an official regulatory body, a government agency regally recognized authority in the industry, which indicates your formal qualification to york in your occupation? If so, please tell us. Type of the license or certificate: Start/End Distribution/Provider name, Institution/Provider name, Duration Duration Start/End Distribution Duration Occupational License/Certificate: Start/End Distribution/Provider name, Institution/Provider name, Duration Duration Duration Occupational License/Certificate: Start/End Distribution/Provider name, Institution/Provider name, Institution/Provide			
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Program/Courses taught (name, subject area level, type of students) Institution/Provider name, location Start/End Douration		man(a) 1: at a 49 If an 4-11	
Program/Courses taught (name, subject area level, type of student) Direction Direction	· · ·	· · · · ·	
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work in your occupation? If so, please tell us. Type of the license or certificate:	Do you hold a license or certificate issued by an offic	ial regulatory body, a govern	ment agency
Sype of the license or certificate:ssuing authority:			
ssuing authority:	work in your occupation? If so, please tell us.		
	Type of the license or certificate:		
	ssuing authority:		
Licensee Name: Registration #:			

Date of issue: ______ Date of expiry:

Personal information is collected under s. 17 of the Private Training Schools Act and is for	for the purpose of determining eligibility for an
Instructor's Authorization. If you have any questions, please contact the Administrator of	f Private Training Schools, Department of Workforce
Advanced Learning and Population, P.O. Box 2000, St., Charlottetown PE, C1A 7N8	Tel: 902-368-5570

I hereby certify that the information reported on this application and contained in my degree(s), diploma(s), certificate(s) and resume is true and correct and I understand it is an offence to knowingly provide false or misleading information.

Signature of Applicant: Date:		
Signature of Applicant	of Applicant:	Date: