



Trainer Application

Personal Information

Full Name:	Full Name:			Date of Bir	th:			
Address:								
Email:				Daytime Phone:				
Preferred Pronouns (optional)								
	Employment Information							
Name of Business (or Institution)								
Present Occupation								
Date Of Birth:								
Are you a Member of OTPG? Yes No								
Number of years as a Trainer?								
Have you been previously contracted as an OTPG Trainer? Yes No								
What Are Your Available Days To Train?								
Do you currently train for an approved institution?						No		
Flexible Days For Training?						No		
Familiar with Zoom format for presentations?						. No		
Able to train for up to 3 hours?						s No		
Able to create power Point Presentations?						s No		
Are you willing to research unfamiliar topics for						s No		





Trainer Application (cont'd)

Able to train for up to 3 hours?	Yes	No									
Rate your ability to communicate and speak clearly (1-5):											
Please Ex	plain										
Rate your comfort level of prese	enting in f	ront of a	crowd: ((1-5)							
Please Exp	lain										
Are you available for a Zoom Int	erview?	Y	'es	No							
Required information to be submitted with this application: Proof of Certification and/or Licensure from an Approved State and/or National Institution, and an Updated Resume											
Attachments:		Proof C	of Certif	ication Pr	ovided						
Signature		Date									