EXPERT WITNESS COURTROOM TESTIMONY COURSE

CHAPTER INSTRUCTOR APPLICATION
Instructor Information

_____
Last Name First Name Middle Initial

_____
Street Address City State/Province Zip

(__)_____(____)_____
Home telephone Work telephone

_____(____)_____
e-mail address Fax number

Education

_____
College/University AA,BA, BS or PHD Degree granted

_____
High School and Location Year graduated

I.A.A.I. Certified Fire Investigator? Yes_____ No_____

Certificate No.
Renewal Date
(Attach copy of certificate)

Level I Instructor or equivalent? Yes_____ No_____
(Attach certificate to Application)

Have you testified at least twice as an expert in a trial or deposition? Yes___ No___

Academies, Chapter seminars for which you have instructed_____
_____
_____
_____

Subjects you have taught_____
_____
_____
_____

List expertise, education and training that qualifies you to instruct this course.
_____
_____
_____

References - who can best attest to your instructing experience

1st Reference Title, name and address (to include city, state and zip code)
_____
_____
Telephone number_____

2nd Reference Title, name and address (to include city, state and zip code)
_____
_____
Telephone number_____

3rd Reference Title, name and address (to include city, state and zip code)
_____
_____
Telephone number_____

Chapter designated Facilitator for Expert Courtroom Testimony course?

Yes ____No ____ Chapter_____

_____
Chapter President
Telephone number ( )_____

Instructor Attestation

I certify that all of the above information is accurate to the best of my knowledge.

_____
Instructor Signature Date