



Instructor Recertification Form

Instructor Name \_\_\_\_\_ GWRRRA Member # \_\_\_\_\_

Position Renewing – Check all that apply

University Instructor	<input type="checkbox"/>	University Trainer MEP	<input type="checkbox"/>
University Instructor Trainer	<input type="checkbox"/>	University Trainer REP	<input type="checkbox"/>
Skill/Ability	Yes	No	Comment
Demonstrates enthusiasm/passion			
Fully prepared and confident			
Gets participants into action			
Explanations and directions are clear			
Uses appropriate questions to foster discovery			
Demonstrates facilitation skill			
Facilitates group interaction			
Uses examples, stories, analogies			
Uses visual tools appropriately			

**Candidates must submit this form (U.4) every 2 years listing at least 2 classes instructed in that time.**

<u>Event</u>	<u>Date</u>	<u>Class Taught</u>

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_