American Legion Auxiliary Department of Florida

APPLICATION FOR CERTIFIED ABC INSTRUCTOR

Name: _____ **Unit#** _____ **District #** _____

Email address (use personal email not department or work email):
_____ **Phone**: _____

I am submitting my application to become a Certified ABC Instructor. I have completed the following requirements:

I have attended an Instructor Orientation Session:

Location: _____ Date: _____

I have attended two (2) ABC Schools of at least four (4) hours duration as an observer to the instructor:

1. Location: _____ Date: _____
2. Location: _____ Date: _____

I have assisted in three (3) ABC Schools of at least four (4) hours duration with a Certified Instructor as assigned by the Department Leadership Chair:

1. Certified Instructor: _____ Date: _____
2. Certified Instructor: _____ Date: _____
3. Certified Instructor: _____ Date: _____

I was the Lead Instructor in Two (2) ABC Schools observed by two different Certified Instructors:

1. Location: _____ Date: _____
2. Location: _____ Date: _____

Having completed all of the above-listed requirements, I am submitting my completed application to become a Certified ABC School Instructor.

Signature: _____ Date: _____

Approved by: _____ Date: _____Department Leadership Chair

Approved by: _____ Date: _____Department President

EMAIL: leadership@alafl.org

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