



Date: _____

PHTA CPO Instructor Assessment School Application

Review of application will not take place unless all information is provided.

Contact Information

| | | |
|----------------|-------|-------|
| Name | | |
| Street Address | | Apt # |
| City | State | Zip |
| Mobile Phone | | |
| Work Phone | | |
| Email Address | | |

Employer Information

| |
|--|
| Job Title |
| Organization Type <input type="checkbox"/> Association <input type="checkbox"/> Builder <input type="checkbox"/> Distributor <input type="checkbox"/> Government <input type="checkbox"/> School/University <input type="checkbox"/> Consultant <input type="checkbox"/> Recreational Facility <input type="checkbox"/> Service Company <input type="checkbox"/> Fitness/Health Club <input type="checkbox"/> Facilities Mgmt/Lodging <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other |

Education

| |
|------------------------|
| Highest Level Attained |
| Diploma/Degree |
| Institution |
| Year |

Languages

| |
|---|
| <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Fluent |
| <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Fluent |

PHTA CPOSM Certification (Minimum of 1 year with score of 90% or higher)

| | |
|----------------------------|------------------------|
| Initial Certification Date | Recertification Date |
| Expiration Date | Score (Minimum of 90%) |

Application Prerequisites (Must be completed at time of application)

| Name of Course | Date Completed (Must be within 2 years) |
|--|---|
| Certified Pool & Spa Inspector Online Course | |
| Field Service Professional Online Course | |

Currently Held Certifications

| Licensure/Certification | Original Date of License and/or Certification | State Agency or Accrediting Organization | Expiration Date |
|-------------------------|---|--|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Other Relevant Training/Experience (e.g. Red Cross, GENESIS etc.)

| Training/Experience | Responsibilities | Company/Organization | Duration |
|---------------------|------------------|----------------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

Mandatory Hands-on Experience (Provide attachment if necessary)

Candidate MUST have a minimum of three years of hands-on experience in each of the areas indicated below. Also, please provide the reference, with full contact information (full address, email address and telephone), who would be willing to verify your background and experience.

| Mandatory Experience | Total Years of Experience | Company/Organizations | Most Recent Experience |
|---|---------------------------|-----------------------|------------------------|
| Pool Water Chemical Adjustment | | | |
| Backwashing of Swimming Pool Filters | | | |
| Pool Water Balance | | | |
| Pool Water Testing | | | |

Additional Comments

Employment History

Please provide a brief description of your employment history. Make sure to provide the reference, with full contact information (full address, email address and telephone), who would be willing to verify your background and experience.

| Company Name | Date(s) of Employment | Job Title | Responsibilities |
|--------------------|-----------------------|-----------|------------------|
| | | | |
| | | | |
| | | | |
| Company References | Name | Title | Email/Phone |
| | | | |
| | | | |
| | | | |

Candidate's Statement

I have read the requirements to be considered to participate in the Pool & Hot Tub Alliance Instructor Assessment School. I realize that, should I be accepted, the school is two and a half days in length, will require me to teach four chapters that will be assigned from the PHTA Pool & Spa Operator Handbook, a Technical examination and a Instructor Manual examination from the PHTA Instructor Manual. I understand that this training requires a great deal of effort and preparation. My signature indicates that to my knowledge, I have no physical conditions that will interfere with my participation, nor do I require any special accommodations except as noted below.

Signature of Candidate

Date