



Date: \_\_\_\_\_

# PHTA 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 CPO<sup>SM</sup> 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	
Recreational Water Illness 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			

**Health Statement**

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.

**Candidate's Statement**

I have read the requirements to be considered to participate in the Pool & Hot Tub Alliance Instructor Assessment School. I realized 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 and the other will cover material from the PHTA Instructor Manual.

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Signature of Candidate

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Date