



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 <i>(Must be within 3 years)</i>
Certified Pool & Spa Inspector Online Course	
Recreational Water Illness 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