**APPLICATION FOR PROFESSIONAL COURSES INSTUCTORS**

INSTRUCTOR APPLICATION FORM

(Please type or print clearly using black ink only)

The Professional Development Committee of the National Association of Parliamentarians (NAP) is seeking qualified voluntary instructors to teach various courses for members who wish to become credentialed or to renew credentials. Selection of Instructors for PRC & PQC classes will be made by the Professional Development Committee as needed and based on a review of applications.

A complete application must include the following items:

□ 1. Application form completed and signed by the applicant

□ 2. A lesson plan for one of the topics on page 2

**1. PERSONAL INFORMATION**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. NATIONAL ASSOCIATION OF PARLIAMENTARIANS INFORMATION**

How many years have you have been a member of NAP? \_\_\_\_\_\_\_\_\_\_years

What is your membership status with NAP? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any leadership positions held at local unit, association, district or national level:

 Position Unit/Association

**3. TEACHING EXPERIENCE**

a. Indicate your teaching experience in parliamentary procedure and related subjects:

Topic Group Date(s)

b. Webinars

Have you attended webinars? □ Yes □ No

Have you taught webinars? □ Yes □ No

Have you attended online meetings? □ Yes □ No

c. Indicate your preference for teaching:

□ Two-day Class □ Classroom Module

□ Webinar Modules □ All

d. Please check the following areas in which have practical experience serving clients or organizations you belong to:

□ Ethics □ Opinion Writing □ Meeting Parliamentarian

□ Writing, amending governing documents □ Teaching classes/workshops

□ Script Writing □ Presiding □ Research

□ Business practices

e. Submit a lesson plan for a one-hour class in one of the subjects listed above.

**4. MENTOR**

a. Have you served as an NAP mentor? □ Yes □ No

b. Are you willing to serve as an NAP mentor? □ Yes □ No

The Professional Development Committee will seek instructors based on needs for PRC and PQC classes and thanks you for your interest.

With my signature, I agree that I understand that my indication of interest to the Professional Development Committee does not guarantee an appointment as an NAP instructor.

I certify that all the information provided on this form is true and correct.

Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Submit application form and lesson plan to Mike Chamberlain, Executive Director of NAP by email to mike@nap2.org.

