



Instructor Application

Provide the following information to meet the Qualified Instructor requirements in 30 TAC RULE §30.28(q)(9) and RG-373.

This form is required for TCEQ core courses (courses required to obtain a license), not continuing education courses.

I. Definitions

Qualified instructor-- An individual approved to teach a TCEQ-approved core occupational licensing or registration course who has at least three years of instructional experience, work-related experience, and subject matter expertise that enables the individual to communicate course information in a relevant, informed manner and to answer students' questions.

Training provider-- An administrative entity and its designated personnel who are responsible for obtaining approval of training, providing acceptable delivery of approved training, ensuring that qualified instructors or subject matter experts are utilized in the delivery, support, and development of training and monitoring, recording, and reporting attendance accurately and promptly as required by the executive director.

II. Training Provider Information

Training Provider/Organization: _____

TCEQ Training Provider Code (TROLS ID): _____

Point of Contact Name: _____ Title: _____

Phone: _____ Email: _____

III. Fees and Requested Courses

- a. **Fees:** For standalone instructor qualification reviews there is a \$10 fee per course. If the instructor qualification form is submitted as part of a core course application and the application fee is paid, there is no additional fee for this review.
- b. **List the course(s) to be considered for instructor approval.**

IV. Applicant Instructor's Information

Instructor Name: _____

TCEQ License Number: _____ Instructor Code (if applicable): _____

Phone: _____ Email: _____

Applicant's TCEQ OL License(s)

Relevant License(s): _____

Individuals must hold a current license in for the program they are seeking to instruct. Water and Wastewater core course instructors must hold a Class A or B license.

Applicant's Instructional Qualifications

Option 1: Instructional Courses

Attach completion certificates of two TCEQ approved instructional courses.

OR

Option 2: Classroom Instructional Experience

Formal curriculum presentational multi-student (no 1-on-1 time included) setting.

Must have a minimum of 60 contact hours. Examples (include but not limited to):

Military, first responder, licensed or certified training instructor roles. Submit a separate resume of instructional experience, see example below.

Date Range & Frequency:	<i>1/15/2024 - 12/15/2024 1-2 courses per 16-week semester, 2-3 days per week</i>
Instructing Organization:	<i>ABC University</i>
Curriculum and Course Title:	<i>Directed Assistance Modules Curriculum, DAM Safety Course</i>
Time per Session:	<i>60 - 90 minutes</i>
Number of Students:	<i>5-10</i>
Delivery Method:	<i>live online / in person</i>
Other:	<i>lecture-based, some included hands-on training as a group</i>

V. Relevant Operational Employment History

The experience must detail a minimum of three years of industry experience to be considered a subject matter expert (SME) for each requested course.

To assist you in identifying relevant experience to list below please review the rules, regulations, course materials, critical job tasks, employment expectations, job duties, etc. relevant to the course(s)

Provide separate entries when showing a change in job title or a substantial change in duties, even if both positions are for the same employer. Estimate percentage of time performing job tasks relevant to the corresponding license as well as other duties performed.

Job #1

Employer: _____

Role/Title: _____

Dates Employed: Start Date: _____ End Date: _____

Primary duties:

Tasks relevant to the license:	% of Time
BPAT:	%
CSI:	%
Irrigation:	%
LPST:	%
MSW:	%
OSSF:	%
UST:	%
VE (Smoke):	%
Wastewater:	%
Water:	%
WTS:	%
Total: (must equal 100%)	%

Job 2

Employer: _____

Role/Title: _____

Dates Employed: Start Date: _____ End Date: _____

Primary duties:

Tasks relevant to the license:	% of Time
BPAT:	%
CSI:	%
Irrigation:	%
LPST:	%
MSW:	%
OSSF:	%
UST:	%
VE (Smoke):	%
Wastewater:	%
Water:	%
WTS:	%
Total: (must equal 100%)	%

Job 3

Employer: _____

Role/Title: _____

Dates Employed: Start Date: _____ End Date: _____

Primary duties:

BPAT:	_____ %
CSI:	_____ %
Irrigation:	_____ %
LPST:	_____ %
MSW:	_____ %
OSSF:	_____ %
UST:	_____ %
VE (Smoke):	_____ %
Wastewater:	_____ %
Water:	_____ %
WTS:	_____ %
Total: (must equal 100%)	_____ %

Tasks relevant to the license:	% of Time
BPAT:	_____ %
CSI:	_____ %
Irrigation:	_____ %
LPST:	_____ %
MSW:	_____ %
OSSF:	_____ %
UST:	_____ %
VE (Smoke):	_____ %
Wastewater:	_____ %
Water:	_____ %
WTS:	_____ %
Total: (must equal 100%)	_____ %

Job 4

Employer: _____

Role/Title: _____

Dates Employed: Start Date: _____ End Date: _____

Primary duties:

BPAT:	_____ %
CSI:	_____ %
Irrigation:	_____ %
LPST:	_____ %
MSW:	_____ %
OSSF:	_____ %
UST:	_____ %
VE (Smoke):	_____ %
Wastewater:	_____ %
Water:	_____ %
WTS:	_____ %
Total: (must equal 100%)	_____ %

Tasks relevant to the license:	% of Time
BPAT:	_____ %
CSI:	_____ %
Irrigation:	_____ %
LPST:	_____ %
MSW:	_____ %
OSSF:	_____ %
UST:	_____ %
VE (Smoke):	_____ %
Wastewater:	_____ %
Water:	_____ %
WTS:	_____ %
Total: (must equal 100%)	_____ %

Job 5

Employer: _____

Role/Title: _____

Dates Employed: Start Date: _____ End Date: _____

Primary duties:

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Tasks relevant to the license:	% of Time
BPAT:	_____ %
CSI:	_____ %
Irrigation:	_____ %
LPST:	_____ %
MSW:	_____ %
OSSF:	_____ %
UST:	_____ %
VE (Smoke):	_____ %
Wastewater:	_____ %
Water:	_____ %
WTS:	_____ %
Total: (must equal 100%)	_____ %

VI. Hands-on Experience

The experience must detail a minimum of three years of work-related hands-on experience related for each requested course.

This does NOT include tasks which you supervised or trained others to perform.

a. Facility/System

Facility Name, Location & ID#s (if applicable)	Description (type/population)	Operational tasks	Job #(s)
<i>Example RV Park</i> <i>Example, Tx. Drinking Water Watch ID TX0123456</i>	<i>GW, Non-community, 66pop (other examples: Activated sludge, trickling filter, RBC, MBR, IFAS, distri, etc.)</i>	<i>maintained water quality by..., performed process control by adjusting..., repaired leaks, operated a system by..., adjusted chemical treatment for...etc</i>	<i>1, 2</i>

b. Testing

Test(s)	Describe sampling and/or testing processes	Describe actions taken (if any) based on test results	Job #(s)
<i>pH, turbidity, COD, DO, TOC, TSS, bac-t, jar, taste, odor, hardness, chlorine, ammonia, etc.</i>			1, 2

c. Equipment

Equipment	Type/Size Description	Describe actions/tasks involving listed equipment	Job #(s)
<i>Vertical turbine pumps, valves, hydrants, lift stations, wells, clarifiers, disinfection equipment, etc.</i>		<i>operated, maintained, installed, etc.</i>	1, 2

d. Other Tasks - relevant to the courses requested above

Tasks	Job #(s)
<i>Excavating, trenching, shoring, performing confined space entry, etc.</i>	1, 2

VII. Additional Attachments:

- Instructional course certificates (if applicable)*
- Applicant's Instructional Qualifications (if applicable)*
- Resume (optional)*

VIII. Affirmations

Instructor

I affirm that the information provided on this instructor qualification application is true and correct. I understand that fraudulent or falsified information could result in denial of this application, suspension of any instructor qualifications, and revocation of my occupational license(s).

I understand if approved I am only allowed to instruct these courses for the listed training provider and I agree to seek approval prior to, if I intend to instruct for a different training provider in the future.

Signature: _____ Date: _____

Training Provider Point of Contact

The form must be submitted by a representative of the listed training provider on behalf of the prospective instructor.

I affirm that I am a representative of the listed training provider and have the authority to submit this information on behalf of the listed training provider and instructor applicant.

I understand if approved the instructor is only allowed to instruct the courses listed and I agree to seek approval prior to, if a change in instructor is needed.

Signature: _____ Date: _____

IX. Submit this Form

Email completed form to: OLtraining@tceq.texas.gov

Supplemental Form (duplicate as needed)

Job

Employer: _____

Role/Title: _____

Dates Employed: Start Date: _____ End Date: _____

Primary duties:

Tasks relevant to the license:	% of Time
BPAT:	_____ %
CSI:	_____ %
Irrigation:	_____ %
LPST:	_____ %
MSW:	_____ %
OSSF:	_____ %
UST:	_____ %
VE (Smoke):	_____ %
Wastewater:	_____ %
Water:	_____ %
WTS:	_____ %
Total: (must equal 100%)	_____ %

Job

Employer: _____

Role/Title: _____

Dates Employed: Start Date: _____ End Date: _____

Primary duties:

Tasks relevant to the license:	% of Time
BPAT:	_____ %
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WTS:	_____ %
Total: (must equal 100%)	_____ %