



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.**

Course Name	TCEQ Course Code

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:

[illegible]

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:

Case No.	Case Name	Case Type	Case Status	Case Date	Case Location	Case Description	Case Notes	Case Comments	Case Actions
1	John Doe	Medical	Open	2023-01-01	New York	John Doe, 45, male, reported chest pain and shortness of breath.	Initial assessment: vital signs stable, no obvious trauma.	Referral to cardiologist for further evaluation.	Follow up in 2 weeks.
2	Jane Smith	Medical	Closed	2023-01-05	California	Jane Smith, 32, female, reported severe headache and dizziness.	Initial assessment: vital signs stable, no obvious trauma.	Referral to neurologist for further evaluation.	Follow up in 2 weeks.
3	Michael Brown	Medical	Open	2023-01-10	Texas	Michael Brown, 58, male, reported persistent cough and wheezing.	Initial assessment: vital signs stable, no obvious trauma.	Referral to pulmonologist for further evaluation.	Follow up in 2 weeks.
4	Sarah Johnson	Medical	Closed	2023-01-15	Florida	Sarah Johnson, 28, female, reported severe abdominal pain and nausea.	Initial assessment: vital signs stable, no obvious trauma.	Referral to gastroenterologist for further evaluation.	Follow up in 2 weeks.
5	David Wilson	Medical	Open	2023-01-20	Illinois	David Wilson, 65, male, reported persistent back pain and numbness.	Initial assessment: vital signs stable, no obvious trauma.	Referral to orthopedist for further evaluation.	Follow up in 2 weeks.
6	Emily Davis	Medical	Closed	2023-01-25	Ohio	Emily Davis, 35, female, reported severe anxiety and panic attacks.	Initial assessment: vital signs stable, no obvious trauma.	Referral to psychiatrist for further evaluation.	Follow up in 2 weeks.
7	Robert Miller	Medical	Open	2023-02-01	Georgia	Robert Miller, 42, male, reported persistent fatigue and weakness.	Initial assessment: vital signs stable, no obvious trauma.	Referral to endocrinologist for further evaluation.	Follow up in 2 weeks.
8	Lisa Anderson	Medical	Closed	2023-02-05	Arizona	Lisa Anderson, 25, female, reported severe skin rash and itching.	Initial assessment: vital signs stable, no obvious trauma.	Referral to dermatologist for further evaluation.	Follow up in 2 weeks.
9	Christopher Lee	Medical	Open	2023-02-10	Colorado	Christopher Lee, 50, male, reported persistent joint pain and swelling.	Initial assessment: vital signs stable, no obvious trauma.	Referral to rheumatologist for further evaluation.	Follow up in 2 weeks.
10	Amanda White	Medical	Closed	2023-02-15	Connecticut	Amanda White, 30, female, reported severe depression and suicidal thoughts.	Initial assessment: vital signs stable, no obvious trauma.	Referral to psychiatrist for further evaluation.	Follow up in 2 weeks.
11	Matthew Green	Medical	Open	2023-02-20	Delaware	Matthew Green, 40, male, reported persistent asthma attacks and wheezing.	Initial assessment: vital signs stable, no obvious trauma.	Referral to pulmonologist for further evaluation.	Follow up in 2 weeks.
12	Olivia Black	Medical	Closed	2023-02-25	District of Columbia	Olivia Black, 22, female, reported severe acne and skin irritation.	Initial assessment: vital signs stable, no obvious trauma.	Referral to dermatologist for further evaluation.	Follow up in 2 weeks.
13	Benjamin Taylor	Medical	Open	2023-03-01	Hawaii	Benjamin Taylor, 55, male, reported persistent heartburn and indigestion.	Initial assessment: vital signs stable, no obvious trauma.	Referral to gastroenterologist for further evaluation.	Follow up in 2 weeks.
14	Sophia Harris	Medical	Closed	2023-03-05	Idaho	Sophia Harris, 38, female, reported severe migraines and dizziness.	Initial assessment: vital signs stable, no obvious trauma.	Referral to neurologist for further evaluation.	Follow up in 2 weeks.
15	Lucas King	Medical	Open	2023-03-10	Indiana	Lucas King, 60, male, reported persistent leg pain and numbness.	Initial assessment: vital signs stable, no obvious trauma.	Referral to orthopedist for further evaluation.	Follow up in 2 weeks.
16	Isabella Scott	Medical	Closed	2023-03-15	Iowa	Isabella Scott, 27, female, reported severe anxiety and panic attacks.	Initial assessment: vital signs stable, no obvious trauma.	Referral to psychiatrist for further evaluation.	Follow up in 2 weeks.
17	Ethan Adams	Medical	Open	2023-03-20	Kansas	Ethan Adams, 48, male, reported persistent cough and wheezing.	Initial assessment: vital signs stable, no obvious trauma.	Referral to pulmonologist for further evaluation.	Follow up in 2 weeks.
18	Aria Baker	Medical	Closed	2023-03-25	Kentucky	Aria Baker, 33, female, reported severe skin rash and itching.	Initial assessment: vital signs stable, no obvious trauma.	Referral to dermatologist for further evaluation.	Follow up in 2 weeks.
19	Leo Clark	Medical	Open	2023-04-01	Louisiana	Leo Clark, 52, male, reported persistent joint pain and swelling.	Initial assessment: vital signs stable, no obvious trauma.	Referral to rheumatologist for further evaluation.	Follow up in 2 weeks.
20	Valentina Evans	Medical	Closed	2023-04-05	Maine	Valentina Evans, 29, female, reported severe depression and suicidal thoughts.	Initial assessment: vital signs stable, no obvious trauma.	Referral to psychiatrist for further evaluation.	Follow up in 2 weeks.
21	Sebastian Foster	Medical	Open	2023-04-10	Maryland	Sebastian Foster, 41, male, reported persistent asthma attacks and wheezing.	Initial assessment: vital signs stable, no obvious trauma.	Referral to pulmonologist for further evaluation.	Follow up in 2 weeks.
22	Madison Gibson	Medical	Closed	2023-04-15	Massachusetts	Madison Gibson, 24, female, reported severe acne and skin irritation.	Initial assessment: vital signs stable, no obvious trauma.	Referral to dermatologist for further evaluation.	Follow up in 2 weeks.
23	Julian Hall	Medical	Open	2023-04-20	Michigan	Julian Hall, 57, male, reported persistent heartburn and indigestion.	Initial assessment: vital signs stable, no obvious trauma.	Referral to gastroenterologist for further evaluation.	Follow up in 2 weeks.
24	Skylar Ives	Medical	Closed	2023-04-25	Minnesota	Skylar Ives, 36, female, reported severe migraines and dizziness.	Initial assessment: vital signs stable, no obvious trauma.	Referral to neurologist for further evaluation.	Follow up in 2 weeks.
25	Grayson Jones	Medical	Open	2023-05-01	Mississippi	Grayson Jones, 62, male, reported persistent leg pain and numbness.	Initial assessment: vital signs stable, no obvious trauma.	Referral to orthopedist for further evaluation.	Follow up in 2 weeks.
26	Chloe Kelly	Medical	Closed	2023-05-05	Missouri	Chloe Kelly, 26, female, reported severe anxiety and panic attacks.	Initial assessment: vital signs stable, no obvious trauma.	Referral to psychiatrist for further evaluation.	Follow up in 2 weeks.
27	Wyatt Lewis	Medical	Open	2023-05-10	Montana	Wyatt Lewis, 49, male, reported persistent cough and wheezing.	Initial assessment: vital signs stable, no obvious trauma.	Referral to pulmonologist for further evaluation.	Follow up in 2 weeks.
28	Stella Martin	Medical	Closed	2023-05-15	Nebraska	Stella Martin, 31, female, reported severe skin rash and itching.	Initial assessment: vital signs stable, no obvious trauma.	Referral to dermatologist for further evaluation.	Follow up in 2 weeks.
29	Maxwell Nelson	Medical	Open	2023-05-20	Nevada	Maxwell Nelson, 54, male, reported persistent joint pain and swelling.	Initial assessment: vital signs stable, no obvious trauma.	Referral to rheumatologist for further evaluation.	Follow up in 2 weeks.
30	Harper Oliver	Medical	Closed	2023-05-25	New Hampshire	Harper Oliver, 28, female, reported severe depression and suicidal thoughts.	Initial assessment: vital signs stable, no obvious trauma.	Referral to psychiatrist for further evaluation.	Follow up in 2 weeks.
31	Easton Parker	Medical	Open	2023-06-01	New Jersey	Easton Parker, 43, male, reported persistent asthma attacks and wheezing.	Initial assessment: vital signs stable, no obvious trauma.	Referral to pulmonologist for further evaluation.	Follow up in 2 weeks.
32	Ellie Quinn	Medical	Closed	2023-06-05	New Mexico	Ellie Quinn, 23, female, reported severe acne and skin irritation.	Initial assessment: vital signs stable, no obvious trauma.	Referral to dermatologist for further evaluation.	Follow up in 2 weeks.
33	Lincoln Reed	Medical	Open	2023-06-10	New York	Lincoln Reed, 59, male, reported persistent heartburn and indigestion.	Initial assessment: vital signs stable, no obvious trauma.	Referral to gastroenterologist for further evaluation.	Follow up in 2 weeks.
34	Madelyn Scott	Medical	Closed	2023-06-15	North Carolina	Madelyn Scott, 37, female, reported severe migraines and dizziness.	Initial assessment: vital signs stable, no obvious trauma.	Referral to neurologist for further evaluation.	Follow up in 2 weeks.
35	Julian Taylor	Medical	Open	2023-06-20	North Dakota	Julian Taylor, 61, male, reported persistent leg pain and numbness.	Initial assessment: vital signs stable, no obvious trauma.	Referral to orthopedist for further evaluation.	Follow up in 2 weeks.
36	Chloe Thomas	Medical	Closed	2023-06-25	Ohio</				

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:

[illegible]

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:

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

[illegible]

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>			<i>1, 2</i>

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>	<i>1, 2</i>

d. Other Tasks - relevant to the courses requested above

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

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