

Continuing Education Instructor Application

Please complete and submit this form to PPG prior (send to mailbox@ppgmvp.com, subject: CE Instructor Application) to attending the *PPG Continuing Education Instructor Development Training (IDT)*. When you attend IDT, you will receive your instructor's packet, which will include a printed copy of this completed questionnaire. During the class, you will sign the last page as indicated. This form, as well as your resume and copies of degrees and/or licenses, will be collected by the IDT instructor in a sealed envelope and sent directly to Profitable Glass Solutions for processing.

If you have already attended the IDT class and would like to reactivate your Instructor License/Certification, please read the following instructions. Only reactivation applications should be mailed directly to Profitable Glass Solutions.

- Complete the attached questionnaire, print and include your signature.
- Attach a **current resume** and a copy of any degrees or licenses you currently hold.
- Email all documents to: joel.pgs@gmail.com
- **Profitable Glass Solutions** will notarize applications, if needed.
- Please type, or write legibly and provide as much information below as possible.
- Profitable Glass Solutions will invoice your company upon your state instructor approval. Instructor license fees are \$1,395 for initial license set-up which includes tuition at required Instructor Development Training. Annual license renewals will be invoiced at \$795.

Contact Information:

Full Legal Name	<input type="text"/>
Date of Birth	<input type="text"/>
Home Address	<input type="text"/>
Home/Cell Phone Number	<input type="text"/>
PPG Territory Mgr Name	<input type="text"/>
Distributor Name	<input type="text"/>
Shop/Business Name	<input type="text"/>
Shop/Business Address	<input type="text"/>
Shop/Business Phone #	<input type="text"/>
Your Email Address	<input type="text"/>

Professional Information:

License	Date Issued	State(s) Held
Property/Casualty	<input type="text"/>	<input type="text"/>
Others (Please List)	<input type="text"/>	
Others (Please List)	<input type="text"/>	

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Have you ever been previously approved as a CE Instructor? If yes, when and in which states?

Do you have more than three (3) years' experience teaching the subjects for which approval is sought?

Yes No

Do you have a related degree in the subject matter for which approval is sought?

Yes No

If you did not answer yes to either of the above, do you have: A combination of 60 hours course credits towards a degree and two (2) years' experience in the subject matter for which approval is sought?

Yes No

OR

Two (2) years recent experience as a licensed insurance agent and a minimum of three (3) months practical experience in the subject matter for which approval is sought?

Yes No

States for Which Instructor Approval is Sought:

Please list the state(s) in which you are requesting instructor approval:

Have you had a business or professional license subject to any disciplinary action such as a denial, suspension, restriction, or revocation? If yes, please explain.

Yes No

Are there any criminal charges or disciplinary actions against you pending at this time? If yes, please explain.

Yes No

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Signatures:

Do you give Profitable Glass Solutions permission to use your signature provided on this form for processing state instructor applications, course requests, course roster administration on your behalf?

Yes No

Printed Name:

Company Name:

Please sign your name next to each number using a blue or black pen only.

1.

2.

3.

By signing below, I attest that the information provided in this document is true and accurate to the best of my knowledge and grant Profitable Glass Solutions permission to utilize this information for the sole purpose of appointment for the designations requested. By submitting this document to PPG via Profitable Glass Solutions, I hereby commit to follow the rules and regulations created by the states as well as those established by PPG in order to maintain our good standing with the states I am applying for.

Signature: _____

Date: