

Louisiana Association of Plumbing Heating Cooling Contractors Continuing Education Course Instructor Application

Name: _____
Address: _____
City & State: _____ Zip: _____
Phone Number: _____ Email: _____
Parish: _____

License(s) held: Journeyman Plumber – LJP# _____
 Master Plumber – LMP# _____
 Mechanical Engineer – LIC# _____
 Sanitarian – LIC# _____
 Other _____ - LIC# _____

Knowledge, Skills, Abilities:

1. Summarize your training experience as an instructor:

2. Summarize your experience and knowledge of the following:

a. Repairs & Customer Service:

b. Pride & Professionalism:

c. Louisiana Professional & Occupational Standards:

d. Business Management, Business Failures, & Problem Solving:

3. Summarize your ability to maintain an orderly and professional classroom environment:

I hereby submit my application to be a course instructor for the Louisiana PHCC as representative of the Louisiana State Plumbing Board for the continuing education course as submitted. I certify that the above information is true and complete to the best of my knowledge:

Printed Name

Signature

I hereby certify that I have never been convicted of a felony or misdemeanor other than a minor traffic violation.

Signature

Date