

Advisor Review of Advanced Instructor Training Program Application Packet

Applicant Name _____

REVIEWING ADVISOR STATEMENT

I have reviewed all forms for this applicant's Advanced Instructor Training Program Application Packet and confirm the trainee is eligible for the Advanced Instructor Training Program. I confirm all the required forms are both complete and included in the following order:

- Application to Enter the Advanced Instructor Training Program*
- Advisor Recommendation to Enter the Instructor Training Program* from each advisor (minimum 2)
- Advisor Selection for the Advanced Instructor Training Program*
- Documentation of Classes Taught*
- Advisor Review of Advanced Instructor Training Program Application Packet* (this form)

Reviewing Advisor _____

Reviewing Advisor Signature _____ Date _____

DIRECTIONS FOR THE REVIEWING ADVISOR—CHOOSE ONE

IN-PERSON SIGNATURE

Physically fill out this form, sign it and return it to your advisee.

ELECTRONIC SIGNATURE

Electronically fill out this form and email it to your advisee.

Directions on scanning a physical form with your smartphone, or signing a form electronically are available through [this link](#).