

Advisor Review of Instructor Training Program Application Packet

Applicant Name _____

REVIEWING ADVISOR STATEMENT

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

- ☐ *Application to Enter the Instructor Training Program*
- ☐ *Advisor Recommendation to Enter the Instructor Training Program*
- ☐ *Instructor Recommendation to Enter the Instructor Training Program (or Advisor Recommendation form from a second advisor)*
- ☐ *Advisor Selection for the Instructor Training Program*
- ☐ *Advanced Practitioner Training Program Record* showing completion of at least 375 units of the Advanced Practitioner Training Program (only required if the applicant is not already a Registered Advanced Practitioner)
- ☐ *Advisor Review of 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 signing a form electronically are available through [this link](#).