

NAME \_\_\_\_\_  
(Last) (First) (MI)

MAILING ADDRESS \_\_\_\_\_  
(Street)

Email Address\_\_\_\_\_

How long in assessment/appraisal field?\_\_\_\_\_

Brief description of assessment/appraisal experience (include dates & titles)\_\_\_\_\_

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Any previous instructing experience:\_\_\_\_\_

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Presentations before the Instructor Certification Committee are scheduled for: March 4, 2026, Rocky Hill Fire Department. In the morning. You will be email date and time.

**For applicants:**

I would prefer to teach CCMA Course  
(for course content, refer to CAAO  
Handbook, Chapter 6)

**1A**\_\_\_\_\_

**1B**\_\_\_\_\_

**2A**\_\_\_\_\_

**2B**\_\_\_\_\_

**3**\_\_\_\_\_

**Reval**\_\_\_\_\_

**Other**\_\_\_\_\_

(If more than one, number by preference)

Any specific area of expertise, special skills or training?

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Email applications to:

[tim.hutvagner@newbritainct.gov](mailto:tim.hutvagner@newbritainct.gov)

OR

[stopliff@hebronct.gov](mailto:stopliff@hebronct.gov)