

CCMA INSTRUCTOR APPLICATION/RESUME
DUE BY Feb 25, 2026

NAME _____
(Last) (First) (MI)

EMPLOYER _____ **DEPT/TITLE** _____

MAILING ADDRESS _____
(Street)
(City) (State) (Zip) **TELEPHONE** _____

Email Address _____

How long in present position? _____ Full Time _____ Part Time _____

How long in assessment/appraisal field? _____

CCMA Certificate # _____ Year of Certification/recertification _____

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

Any previous instructing experience: _____

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 **1A**_____ **1B**_____
(for course content, refer to CAAO
Handbook, Chapter 6) **2A**_____ **2B**_____

3 _____ Reval _____

Other _____

Any specific area of expertise, special skills or training?

Signature

Date

Email applications to:

tim.hutvagner@newbritainct.gov

OR

stopliff@hebronct.gov