CCMA INSTRUCTOR APPLICATION/RESUME DUE BY July 30, 2025

NAME				
(Last)	(Firs	it)	(MI)	
EMPLOYER	DEP	T/TITLE		
MAILING ADDRESS				
	(Street)			
(City)	(State)		PHONE	
Email Address				
How long in present post	ition?	Full Time	Part Time	
How long in assessment/	appraisal field?			
CCMA Certificate #	Year	of Certification/1	ecertification	_
Brief description of asses	ssment/appraisal e	experience (inclu	de dates & titles)	
-		•	·	
Any previous instructing	experience:			
	1			

Presentations before the Instructor Certification Committee are scheduled for: August 5 or 6, 2025, Rocky Hill, Fire Department. You will be email date and time.

For applicants:

I would prefer to teach CCMA Course (for course content, refer to CAAO	1A	1B
Handbook, Chapter 6)	2A	2B
	3	Reval

Other_____(If more than one, number by preference)

Any specific area of expertise, special skills or training?

Signature

Date

Email applications to:

thutvagner@newbritainct.gov

OR

stopliff@hebronct.com