

CCMA INSTRUCTOR APPLICATION/RESUME
DUE BY AUGUST 27, 2021

NAME _____
 (Last) (First) (MI)

EMPLOYER _____ DEPT/TITLE _____

MAILING ADDRESS _____
 (Street)

_____ TELEPHONE _____
(City) (State) (Zip)

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 September 9, 2021.

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?

Signature

Date

Email applications to:

assessor@windhamct.com

w.gaffney@cityofshelton.org