## Become a Caregivers Kitchen Certified Instructor

**Step 1**. Complete and submit this application with supporting documents (optional). For questions, please call us at 765-485-9251 before submitting application.

**Caregivers Kitchen** 

By mail: P. O. Box 292 Yorktown, IN 47396 By email: info@caregiverskitchen.net

Upon approval of application, Caregivers Kitchen will contact applicant to schedule online Certified Instructor Training.

**Step 2.** Agree to terms of Caregivers Kitchen Licensing Agreement and Certified Instructor Standards and Practices.

Step 3. Complete Certified Instructor Training.

- Complete e-learning for Basic Cooking Skills
- Attend Certified Instructor Training (online)
- ☐ Complete e-learning for Cooking for Chronic Conditions

## Application for Certified Instructor Training

## SECTION 1: INSTRUCTOR INFORMATION

Last Name	First Name		Middle Initial
Organizational Mailing Address	City	State	Zip
<u>E</u> mail address		Phone	
SECTION 2: SPONSORING ORGAN	NIZATION		
Organization			
Contact Person			
Mailing Address (if different from above)	City	Sta	ite Zip
Email address		Phone	
SECTION 3: REFERENCES			
Contact Person			
Email address		Phone	
Contact Person			
Email address		Phone	

## SECTION 4: PROFESSIONAL EXPERIENCE

Answer the following questions or attach a resume or professional references:

1. Please describe your cooking experience, i.e. professional training, foodservice experience, home cook, etc.

2. Please describe your experience educating adult learners.

I certify that all information about myself that I have provided to Caregivers Kitchen is true, correct and accurate.

Signature of applicant

Date

OFFICE USE ONLY	
Reviewed by	
Date received	Application   Accepted /  Additional Information Requested