**ADR Institute of Canada Inc.**

**National Dispute Resolution Training Program**

**Attachment A – Application for Approved Trainer Status**

**Training/Teaching Experience Form**

**Submit completed form by email to: EdCom@bcami.com**

**Name (please print):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application for:**  Approved Trainer Status

**Please provide details of previous courses taught. Print additional pages as needed.**

**\*For "Date of Training":** List training as a trainer in the last five years, beginning with the most recent.

**\*\*For "Role in Training":** State your role on the training: trainer, or other. If other, please specify.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Training\*** | **Role in Training\*\*** | | **Location** | **Length of Course** | **% of time spent teaching** |
|  |  | |  |  |  |
| **Synopsis of the course:**    **Resource Materials (list textbooks or other learning resources referenced in the course):** | | | | | |
| **Date of Training\*** | | **Role in Training\*\*** | **Location** | **Length of Course** | **% of time spent teaching** |
|  | |  |  |  |  |
| **Synopsis of the course:**    **Resource Materials (list textbooks or other learning resources referenced in the course):** | | | | | |
| **Date of Training\*** | **Role in Training\*\*** | | **Location** | **Length of Course** | **% of time spent teaching** |
|  |  | |  |  |  |
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| **Date of Training\*** | | **Role in Training\*\*** | **Location** | **Length of Course** | **% of time spent teaching** |
|  | |  |  |  |  |
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| **Date of Training\*** | **Role in Training\*\*** | | **Location** | **Length of Course** | **% of time spent teaching** |
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| **Date of Training\*** | | **Role in Training\*\*** | **Location** | **Length of Course** | **% of time spent teaching** |
|  | |  |  |  |  |
| **Synopsis of the course:**    **Resource Materials (list textbooks or other learning resources referenced in the course):** | | | | | |

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