

IPA Faculty Affirmation of Interest

Name: _____ Date Submitted: _____

Year Certified: _____ Airport: _____ Alt Airport: _____

Please prioritize courses you wish to teach.

CFS _____ PNF I _____ FM I _____

CBI _____ FM LT _____ FM UT _____

GAIT _____ FM LE _____ FM UE _____

DFA _____ KJD _____ KSC _____

PGP _____ VFM _____ PNF II _____

OTHER (please specify) _____

TOTAL number of times you are willing to teach in a year: _____

Do you wish to advance to a Primary Instructor: YES NO

Please list your travel considerations: (This would include things like a desire to teach only within driving distance, avoid red-eyes, willing to teach anywhere/anytime, alternate airports, travel time to airport if over 45 minutes, anything else we should know when scheduling you to teach.)

Certifications and Affiliations outside of IPA

Any additional information you would like to relay

Please return this form, a current CV, a list of continuing education you have completed for the last 3 years, and your liability insurance to info@ipafmt.com.