CONFLICT OF INTEREST
Is there any conflict of interest with this instructor that may be of concern to the Ohio Ethics Commission and its advisory opinion 98-005? _____ Yes _____ No (Ohio Administrative Code Section 4101:16-2-04(D)

ALTERNATE INSTRUCTOR’S INFORMATION

- Course Number & Title _________________________________________________________________
- Name ____________________________________________________________
- Address _____________________________________________________________
- City __________________ State _______ Zip _______ Telephone ____________
- Current Occupation _____________________________________________________________
- Field of Expertise _____________________________________________________________
- Years of field experiences in the above subject area ___________________________(minimum 5 years)
- Years of teaching in the above subject area _______________________________

*Attach all proposed instructor qualifications and bio for this course application.

ALTERNATE INSTRUCTOR’S INFORMATION

- Course Title ______________________________________________________________________________________
- Name ________________________________________________________________________________________
- Address __________________________________________________________________________________________
- City __________________ State _______ Zip _______ Telephone ____________
- Current Occupation _____________________________________________________________
- Field of Expertise _____________________________________________________________
- Years of field experiences in the above subject area ___________________________(minimum 5 years)
- Years of teaching in the above subject area _______________________________

*Attach all proposed instructor qualifications and bio for this course application.

I solemnly swear that the answers and/or responses are complete and true.

Name of training agency _______________________________________________________________
Name of applicant _________________________________________________________________
Signature of applicant ______________________________________________________________
Date of application ________________________________

Subscribed and duly sworn before me according to law by the above named applicant this _____ day of ____________, 20____ at the County of ________________________________, State of ____________________________________.

________________________________________  _______________________________
Notary Public                                        My Commission Expires