

# The Fiber Optic Association, Inc.

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## FOA Instructor Certification Application

CFOT/Membership # \_\_\_\_\_ Expires \_\_\_\_\_

*Certification/membership number will be assigned by FOA for new instructors.*

**Instructor Certification (required) :** [ ] CFOS/I

***Note: Instructors must take the appropriate exams online before teaching and testing students***

**1st Level Certification:** [ ] CFOT [ ] CPCT [ ] CFospT

**Specialist:** [ ] AFOT [ ] Design [ ] Connectors [ ] Splicing [ ] Testing [ ] CFxT

(We may ask to see your resume if we do not have it on file)

Sponsoring School \_\_\_\_\_ School# \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_

**For all NEW Courses (except CFOS/I), please provide information on :**

Name of Course \_\_\_\_\_

Short description of course including hands-on lab exercises (or attach):

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### **Certification Terms and Conditions:**

I certify that the information I have provided on this application is complete and accurate to the best of my knowledge. I understand that any certification granted by The FOA does not constitute licensure to practice or provide services when required by any relevant law. I understand The FOA certification does not in any way imply that The FOA assumes responsibility or liability for my actions, and I hereby indemnify The FOA from any liability resulting from my actions.

Signature \_\_\_\_\_ Date \_\_\_\_\_