

Application for Qualification/Recertification of CDE ELDT Hands-On Trainer

2024-2026

Name of Applicant _____ Phone _____
(Please Print)

Hands-On Trainer # _____ ELDT Trainer # _____

District Name _____

Email Address _____

Please initial or check each box that the applicant has completed for Qualification or Recertification

1. _____ The CDE ELDT Hands-On Trainer shall have maintained a CDE ELDT certificate for a minimum of two years. 7.02(a).

Date of initial ELDT Trainer Certificate _____

2. _____ The CDE ELDT Hands-On Trainer shall have satisfactorily completed the CDE ELDT Hands-On Trainer instruction class 7.02(b).

Date of Training _____ (qualification only)

3. _____ The CDE ELDT Hands-On Trainer shall train at least two ELDT Trainers every three years 7.02(d).

or

_____ Attend a CDE ELDT Hands-On Trainer recertification training to recertify as a CDE ELDT Hands-On Trainer 7.02(d).

Date of Training _____ (recertification only)

I hereby verify that I have completed all of the above requirements and have documentation of the above requirements in an ELDT Trainer Qualification File. I request that CDE issue the CDE ELDT Hands-On Trainer Certificate/Recertification Certificate.

(Signature)

(Date)

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STU-14 Maintain in the ELDT Trainer Qualification File 6.00

