



State of Utah
Department of Workforce Services
INSTRUCTOR AGREEMENT



I have read the Career Ladder Instructor Competencies and agree to abide by all the provisions therein. I understand that failure to follow the provisions may result in the loss of my Instructor Approval in the Career Ladder training program, and may jeopardize my ability to teach Career Ladder courses in Utah.

Print Instructor's Name: _____

Signature of Instructor: _____

Sponsoring Agency/Association: _____

Date: _____

Signature of Professional Development Specialist: _____

Date received: _____

Please mail or email this completed form to:
Heather Thomas – Professional Development Specialist
Office of Child Care – Department of Workforce Services
140 E. 300 S.
Salt Lake City, UT 84111
heatherthomas@utah.gov

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.