Text a photo of both pages of this document to:
PBIA Chairman: Rob Moreno 480-930-6435
and email it to:rob@pbia-instructor.com
and cc: steve@bca-pool.com

CERTIFIED INSTRUCTOR APPLICATION

This application must be completed in full and returned to the PBIA Chairman with your current photo. You will get a $150 email invoice to the email listed in this application to process your upgrade and dues for the year.

Name of Applicant: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Best Phone number: _____

Email Address: _____

Your Website: _____

Mandatory Information Section

PBIA Recognized Instructor Charter Date: _____

3 Day PBIA in Person Training Course Attended Date or Accredited Online Training Course Completion Date: _____

Minimum of two years as a Recognized Instructor and 80 actual teaching hours logged in the PBIA Instructors logs.

I certify that I have completed all the requirements to become a PBIA Certified Instructor and that I am 18 years of age or older.

Applicant's Signature: _____ **Date:** _____

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Requirements for a Certified Instructor

1. Successful completion of a three-day instructor course in person or completion of a PBIA Accredited Online Course for Instructors with passing approval test administered by an Advanced or Master Instructor.
2. Minimum of two years as a Recognized Instructor and 80 actual teaching hours logged in the PBIA Instructors logs.
3. Certifying Instructors are validating the candidate who can teach the full 16 core fundamental courses listed below. Submission of a video of the candidate training a student in one of the 16 core fundamentals for Certified Instructor certification:
   Several Stroke Models: _____ Date: _____
   Specialty Bridges: _____ Date: _____
   Corrections in Mechanics: _____ Date: _____
   Jump Shot Techniques: _____ Date: _____
   Banking Systems: _____ Date: _____
   Kicking Systems: _____ Date: _____
   Advanced Pattern Play: _____ Date: _____
   Multiple Aiming Systems: _____ Date: _____
   Advanced use of Side Spin: _____ Date: _____
   Advanced use of Speeds: _____ Date: _____
   Development of drills for students: _____ Date: _____
   Advanced Breaking: _____ Date: _____
   Masse Techniques: _____ Date: _____
   Avoiding Choke Syndromes: _____ Date: _____
   Mental Game Preparation: _____ Date: _____
   Specialty Shots: _____ Date: _____

Below must be filled out and signed by an Advanced Certified or Master Certified Instructor

Confirmation of Ability

Confirming Instructor: _____

Approved for Certified Instructor

Signature: _____ **Date:** _____