



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:

KC Hutton –Professional Development Specialist
Office of Child Care –Department of Workforce Services
140 E. 300 S.
Salt Lake City, UT 84111
khutton@utah.gov