



INSTRUCTOR CERTIFICATION COURSE REQUEST FOR APPROVAL

To request approval, please complete pages 1 and 2 and fax form (both pages) to Driver Education Program at, 410-424-3676.

Course Sponsor: MPDEA

Address where classes will meet: Commercial Business Services, 7954 Baltimore Annapolis Blvd, Glen Burnie MD 21060

Name of Contact Person: David Resnick

Phone Number of Contact Person: 410-363-7483

Fax Number of Contact Person: 410-356-2457
(Confirmation of approval will be faxed)

E-Mail address of Contact Person: elite@drivingschool.net

MVA approved Instructor Trainer: Earl Garner

MVA approved Assistant Instructor: _____
(Please provide name and instructor number)

Registration: Begins: Open Closes: September 9, 2016

Send Registration To:

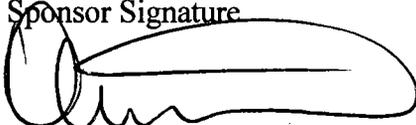
Sponsor: MPDEA

Attn: David Resnick

Address: 10220 S. Dolfield Rd., Suite 104

City, State, Zip: Owings Mills MD 21117

Course Fee: \$325.00

Sponsor (please print) David Resnick	Sponsor Signature 	Date 2/19/16
MVA approval		Date

	A	B	C	D	E
1	INSTRUCTOR CANDIDATE CLASSROOM CERTIFICATION COURSE SCHEDULE				
2					
3	DATE	START TIME	STOP TIME	STUDENT/INSTRUCTOR CONTACT HOURS	TOPIC/ACTIVITY
4	9/10/2016	8:00 AM	3:30 PM	7 hours	Instructor/Student introduction, scheduling, requirements, assignments, review professional standards and expectations of driver education instructor
5	9/11/2016	8:00 AM	3:30 PM	7 hours	Review of classroom management, lesson plans, presentation of transparencies and videos, teaching skills and techniques
6	9/17/2016	8:00 AM	3:30 PM	7 hours	Review classroom instruction evaluation form, Unit 2 and 3 Modeling session, choosing and developing topics for lesson plan
7	9/18/2016	8:00 AM	3:30 PM	2 hours	Peer teaching, choosing and developing topics for lesson plan
8	9/24/2016	8:00 AM	3:30 PM	2 hours	Peer teaching, final exam and wrap up
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**MPDEA REGISTRATION FORM FOR
INSTRUCTOR CERTIFICATION CLASS – CLASSROOM**

Full name of Applicant: _____
(please include middle name)

Home Address: _____

City, State, Zip: _____ Home Phone: _____

Driving School: _____

School Phone: _____ School Fax: _____

Soundex Number: _____ Instructor # _____
(Driver License)

Course Start Date: _____

Course Location: _____

Tuition:
\$325.00

\$ _____ - Amount Enclosed

REFUND POLICY

1. Withdraw 10 days before the course starts – full refund
2. Withdraw less than 10 days before course starts
 - a. Refund minus \$50 if seat can be filled
 - b. Refund minus \$200 if seat cannot be filled
3. Withdraw after the class has begun – no refund

CONTACT PERSON:

MPDEA
Attn: David Resnick
Resnick, Inc.
10220 S. Dolfield Rd ., Suite 104
Owings Mills, MD 21117
Phone: (410) 363-7483