

PMT Associates, Inc.
300 Plaza Middlesex, 2nd Fl.
Middletown, CT 06457
(860)347-1347
(860)344-1540

PMT TRAINER APPLICATION

PLEASE PRINT INFORMATION

Name: _____

Title: _____

Agency: _____

Work Site: _____

Mailing Address: _____

City/State/Zip: _____

Work Phone: _____

Home Phone: _____

E-Mail: _____

Degree: _____

Years of Experience in Field: _____

Briefly explain why you are interested in being a PMT Trainer (include qualifications/skills):

By applying to be a PMT Trainer I understand and agree to the following requirements:

1. Have attended an initial training session within a year of Train the Trainer program date.
2. Attend ALL 5 days of the In-House Training with PMT Associates.
3. Contact PMT for phone interview.
4. Fulfill practicum requirements
5. Conduct PMT training a minimum of two times a year.
6. Am physically and emotionally able completely master the information and skills of the PMT program.
7. Willing to sign a non-compete PMT agreement.
8. Fulfill other requirements as determined by PMT or employing agency.

Furthermore, I acknowledge that this application is being submitted to consider me as a potential PMT Trainer. Final selection will be based upon the completion of all requirements and the decision of PMT Associates, Inc..

Applicant

Supervisor

Date: _____

Date: _____