**Civil Air Patrol**

**Senior Member Professional Development Program**

**Director’s Course Application Form**

Please submit this form prior to announcing your school or course. The form provides information to the Illinois Wing Director of Professional Development necessary for scheduling and is reported to the Wing Commander. The information is also used for marketing courses on the Illinois Wing professional development webpage.

**Forward this form to:**

1st Lt Jamie Hiles

[pd@ilwg.cap.gov](mailto:pd@ilwg.cap.gov)

**Check the course that applies**

SLS  CLC  TLC-B  TLC-I  TLC- A  UCC

|  |  |
| --- | --- |
| Director’s Name/Rank: |  |
| Director’s Email: |  |
| Date(s) of Training: |  |
| Location Address: |  |
| Time of class (Start/End): |  |
| UOD: |  |
| Sign-up form Link: |  |

*\*\*\*Note: You can use a Google form for students/instructors sign-up. Simple email is also acceptable.*

Instructors Name CAPID Charter #

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*\*\*\*Note: this information can be provided at a later date, but prior to the class scheduled date.*