

**NIAAA Leadership Training  
National Faculty Teaching Application**

Name: \_\_\_\_\_ Certification \_\_\_\_\_  
(CAA, CMAA, etc)

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

**Please identify LTI courses you have taught at the state level and number of times instructed:**

Course	Times Taught	Course	Times Taught	Course	Times Taught
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**Please discuss your involvement in LTI or Certification programs at the state or national levels (other than instructor):**

**Please discuss your involvement at the state or national levels other than in the LTI or Certification Programs:**

**Please list top three choices of courses you desire to instruct at the national conference:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Please list name and email address of two references:**

\_\_\_\_\_

**Would you be able to attend the national conference annually? Yes \_\_\_\_ No \_\_\_\_**

**If no, how often would you be attending? \_\_\_\_\_**

**Signature** \_\_\_\_\_  
State Leadership Training Coordinator

**Signature** \_\_\_\_\_  
Teaching Faculty Applicant

**Please email to the NIAAA office: [philrison@niaaa.org](mailto:philrison@niaaa.org)**