



Registration of Curriculum Certifications - Instructions (Form 101)

For instructions on how to complete electronic submission of this form via the Registry System, please copy and paste the following URL into your web browser: <https://support.nccer.org/support/solutions/articles/13000014318-certify-a-craft-instructor-performance-evaluator-or-curriculum-proctor-for-an-accredited-training-s>
There are no processing time frames for electronic submission of forms.

1) Provide the ATS name. 2) Provide complete name and NCCER card number or social security number of Master Trainer, as well as the completion date of the ICTP training. For each Instructor, clearly print or type their first and last name and NCCER card number or social security number. 3) Master Trainer **MUST** submit completed ICTP Information Sheet along with submission. Must be received by NCCER **PRIOR** to Registry input. 4) Correctly indicate the type of NCCER Curriculum title that the Instructor will be certified to teach. For a list of all current curriculum titles, please visit www.nccer.org/curriculum.

If you are certifying an instructor for any of the following titles, you must submit electronically through the NCCER Registry System:

- All Safety Technology (CSSM)
- Building Auditor (Level 2)
- Sustainable Construction Supervision
- Wind Turbine Maintenance Tech (Level 1)
- Alternative Energy
- Crew Chief (Level 2)
- Weatherization Tech (Level 1)
- Your Role in the Green Environment

Fill in the completion dates for the ICTP written and performance test. *This is the date that will be used on all of the Instructors' documentation.*

Indicate any special restrictions the Instructor may have. (Refer to NCCER's *Accreditation Guidelines & Program Compliance* for information on Restricted Certification.)

If no restrictions are listed, it is assumed the Instructor is qualified to teach all levels of the craft.

The Sponsor Representative must complete and sign the form.

SAMPLE

** Check off the individual's name in the Responsibilities and Liabilities Column (R&L) if the individual has completed and signed the Performance Evaluator/Instructor Acceptance of Responsibility & Liabilities Form. Checking this box is considered confirmation that the Performance Evaluator/Instructor Acceptance of Liabilities Form has been signed and is on file at the ATS's and/or AAC's office.

ATS/AAC Name: _____ Date(s) of Class: _____

Name of Primary Master Trainer: _____ NCCER Card Number or SS#: _____

ATU/TU/ATEF: _____

Name (First Name Last Name)	Release Form	Instructor NCCER Card Number or Social Security #	NCCER Curriculum Title	Date ITCP Completed	Instructor Restriction	Perf. Eval. Only	R&L**
Joe Smith	✓	001-23-4567	Electrical	1/4/06	None		

If you have questions regarding completion of Registration of Curriculum Certifications - Instructions (Form 101), contact the NCCER Customer Service Department at 888.622.3720.



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Provide the following data for all Instructor candidates who have successfully completed the ICTP. Registration of Curriculum Certifications (Form 101) and ICTP Information Sheet must be completed by ATS for Instructors to be certified. Registration of Curriculum Certifications (Form 101) must be completed by AAC for Performance Evaluators to be certified. **PRINT** or **TYPE** names exactly as they should appear on credentials.

Master Trainer **MUST** submit completed ICTP Information Sheet along with submission. Must be received by NCCER **PRIOR** to Registry Department input.

** Check off the individual's name in the Responsibilities & Liabilities column if the individual has completed and signed the Responsibility & Liabilities Form. Checking this box is considered confirmation that the Responsibilities & Liabilities Form has been signed and is on file at the ATS's and/or AAC's office.

ATS/AAC Name: _____ **Date(s) of Class:** _____

Name of Primary Master Trainer: _____ **NCCER Card Number or SS#:** _____

ATU/TU/ATEF: _____

Name <i>(First Name, Last Name)</i>	Release Form	Instructor NCCER Card Number or Social Security #	NCCER Curriculum Title	Date ITCP Completed	Instructor Restriction	Perf. Eval Only	R&L**

The ATS/AAC hereby requests Instructor certification for the individuals named on this form. The ATS/AAC agrees to abide by the conditions in the NCCER's Accreditation Guidelines.

Primary Master Trainer Signature

Name/Title/NCCER Card Number or SS# *(type or print)*

Date

Sponsor Representative/Primary Administrator Signature

Name/Title/NCCER Card Number or SS# *(type or print)*

Date

Submit to: registrar@nccer.org or fax to 386.518.6255.

Registration of Curriculum Certifications (Form 101)



ICTP Information Sheet

Master Trainer **MUST** submit completed form along with submission of Registration of Curriculum Certifications (Form 101).
Must be received by NCCER **PRIOR** to Registry input.

ATS/AAC Name: _____ **Date(s) of Class:** _____

Name of Primary Master Trainer: _____ **NCCER Card Number or SS#:** _____

ATU/TU/ATEF: _____

Name <i>(First Name, Last Name)</i>	Email <i>(Required)</i>	Do you speak Spanish?	Personal/Business Address	Phone	Fax	Employer Name

Submit to: registrar@nccer.org or fax to 386.518.6255.