

NAVFAC P-307 AUTHORIZED INSTRUCTOR CANDIDATE DATA

CANDIDATE (THE PERSON NOMINATED FOR AUTHORIZED INSTRUCTOR STATUS)

NAME: _____ Title/Grade/Series/Rate/Rank: _____

PHONE : _____ EMAIL: _____

ACTIVITY/ORGANIZATION NAME: _____

ACTIVITY/ORGANIZATION ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYMENT STATUS (CHECK ALL THAT APPLY):
 NAVY AIR FORCE ARMY MARINE CORPS COAST GUARD ACTIVE DUTY RESERVES CIVIL SERVICE CONTRACTOR*

JUSTIFICATION FOR REQUEST: _____

REQUESTED COURSE TITLES: _____

*CONTRACT NUMBER, DURATION, LOCATION: _____

*CONTRACTING OFFICER OR REPRESENTATIVE NAME AND CONTACT INFORMATION: _____

REQUESTOR (PERSON COMPLETING THIS FORM)

NAME AND TITLE: _____

PHONE : _____ EMAIL: _____

ACTIVITY/ORGANIZATION NAME: _____

ACTIVITY/ORGANIZATION ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHECK ONE OF THE THREE BOXES BELOW. PROVIDE COMMENTS (IF ANY) AND YOUR NAME, SIGNATURE, DATE AND TITLE.
 INSTRUCTOR, TRAIN-THE-TRAINER, AND/OR TEACHING CERTIFICATE(S) AND/OR DOCUMENTATION IS ATTACHED

IN LIEU OF DOCUMENTED PROOF OF INSTRUCTOR PROFICIENCY...

I HAVE OBSERVED THE ABOVE NAMED CANDIDATE TEACHING A NAVFAC P-307 TRAINING COURSE OR CAN ATTEST TO HIS/HER ABILITY TO DELIVER QUALITY TRAINING AND HAVE EVALUATED HIS/HER KNOWLEDGE, SKILLS, AND ATTITUDE IN PERFORMING THE SAME AND PROVIDE THE FOLLOWING FEEDBACK:

 THE CANDIDATE IS ACCEPTABLE AND CAN PROVIDE QUALITY CLASSROOM INSTRUCTION THAT MEETS NAVY CRANE CENTER EXPECTATIONS.

 THE CANDIDATE IS NOT ACCEPTABLE.

COMMENTS: _____

 INSTRUCTOR/OFFICIAL PRINTED NAME, SIGNATURE, DATE, TITLE

PLEASE SUBMIT THIS FORM AND COPIES OF SUPPORTING DOCUMENTATION (I.E., INSTRUCTOR TRAINING CERTIFICATES, COURSE COMPLETION CERTIFICATES FOR REQUESTED COURSE TITLES, CANDIDATE BACKGROUND/EXPERIENCE NARRATIVE, ETC.) TO:

Mail: Director
 Navy Crane Center, TRNG
 Norfolk Naval Shipyard, Bldg. 491
 Portsmouth, VA 23709-5000

Phone: Office: 757-967-3832
 DSN: 387-3832
 Fax: 757-967-3799
 Email: nfsh_ncc_training@navy.mil