

**Gurian Institute – Training Division**  
**Trainer Application for Certification**

**Please complete this application, attached all requested materials, and mail to:**

Rocky Mountain Learning Enterprises, LLC  
Gurian Institute Training Division  
P. O. Box 60160  
Colorado Springs, CO 80960-0160

Requirements for Certification status include:

- Complete the Gurian Summer Institute
- Complete this Trainer Certification Application Form
- Meet minimum educational requirements: at a minimum, Certified Trainers must have completed a BA/BS in education, natural or social science, or an area relative to the content being trained, from an accredited college or university
- Submit names of two people personally familiar with the applicant’s training experience and expertise to be contacted for references
- Write a short essay (maximum 1000 words) about why the applicant is interested in becoming a Gurian Institute Certified Trainer

All of the above must be submitted to the Gurian Institute Training Division along with a **\$50 non-refundable application fee**. If the applicant is accepted for certification, the initial certification period will be for three years and the application fee will be applied toward the **one-time** license fee of \$2,000. Trainers will be required to complete additional professional development and deliver a specified minimum number of training hours to maintain certification.

Applicant Name: (Dr./Mr./Ms./Mrs.) \_\_\_\_\_

Social Security No: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Home Email: \_\_\_\_\_

Employer/Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Business Email: \_\_\_\_\_

For which division(s) are you seeking certification: corporate, education, family, human services

**Employment History (Consultants please list contracted experience) for last 10 years:**

Employer Name/Address	Overview of Responsibilities
Position Held:	
Dates Employed:	
Supervisor/Contact & Phone:	
Employer Name/Address	Overview of Responsibilities
Position Held:	
Dates Employed:	
Supervisor/Contact & Phone:	
Employer Name/Address	Overview of Responsibilities
Position Held:	
Dates Employed:	
Supervisor/Contact & Phone:	

(Attach additional sheets when necessary to document your experience)

**Formal Education: Please attached transcript for highest degree listed**

<b>Institution</b>	<b>Years Attended</b>	<b>Major Studies</b>	<b>Degree Rec'd</b>	<b>Year Graduated</b>

**Specialized Training Received:**

<b>Training Provider/Contact Information</b>	<b>Title of Training</b>	<b>Contact Hours/Certification Received</b>
Gurian Institute Training Div. Rocky Mountain Learning Enterprises, LLC Colo Spgs, CO	“Boys & Girls Learn Differently” Trainer Qualification Course	Date Attended:

(Attach an additional sheet if needed to document training)

**Presentation History (Representative Examples):**

<b>Presentation Venue</b>	<b>Title/Content of Presentation</b>	<b>Contract Hours</b>

Professional references who can attest to your training/presentation skills and experience:

Name/Address/Phone Email	Title/Org	Relationship to Applicant	Training Observed

I hereby give permission for the Gurian Institute Training Division to request a professional reference from the person(s) listed above. I understand and agree that this information will be confidential.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a short essay (maximum 1000 words) about why you are interested in becoming a Gurian Institute Certified Trainer.

We are excited about your interest in Certification as a Gurian Institute Trainer. If you are accepted, a draft contract will be sent. Upon receipt of the executed contact and your license fee of \$2,000, you will receive license documentation, your Certified Trainer’s materials and reporting forms. If you have any questions while completing this application, please don’t hesitate to contact:

Kathy Stevens, MPA  
 Director - Gurian Institute Training Division  
 Colorado Springs, Colorado  
 Toll Free: 1-877-382-7653