

**IADA Leadership Training
State Faculty Teaching Application**

Name: _____ **Certification** _____
(CAA, CMAA, etc)

School Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Cell:** _____

Have you completed both LTC 501 and LTC 790: Yes ___ No ___

List other LTI courses you have completed:

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 State Conference/Summer Retreat:

1. _____

2. _____

3. _____

Please list name and email address of one reference:

Would you be able to attend the state conference annually? Yes ___ No ___

If no, how often would you be attending? _____

Would you be able to attend the summer retreat annually? Yes ___ No ___

If no, how often would you be attending? _____

Please email to Becky Moran, CMAA at rmoran@hf233.org