



International Fluid Power Society Instructor Reaccreditation Application

P.O. Box 1420 / Cherry Hill, NJ 08034-0054
Phone: (800) 308-6005 / Fax: (856) 424-9248

IFPS Accredited Instructors are accredited upon completing and successfully passing an Instructor Training Workshop (ITW), passing the appropriate Certification tests, and signing an Instructor Agreement Form. Reaccreditation is required every five years.

Reaccreditation is awarded upon satisfaction of the following criteria:

- Instructor must complete the Reaccreditation Application and **pay the processing fee**.
- Instructor must have a **signed Accredited Fluid Power Instructor Agreement** on file.
- Instructor must **maintain annual membership** in the International Fluid Power Society.
- Instructor must submit a signed and dated, **quality essay (500 word minimum)** which addresses at least the following three (3) topics as they pertain to the last five (5) years:
 - ⇒ Involvement in Fluid Power education and certification.
 - ⇒ Work experience in and service to the Fluid Power industry.
 - ⇒ Continued education and professional development in Fluid Power or related technologies.
- Instructor must have attended at least **one (1) Accredited Instructor Workshop** during the last five (5) years.
- Instructor must have attended at least **one (1) Bi-Annual IFPS Meeting** during the last five (5) years.
- Instructor must have conducted at least **three (3) Review Training Workshops (RTW)** during the last five (5) years. Instructor must provide a list which includes the certification category, number of students and Student/Instructor Evaluation Forms* from each event. The following “equivalent” activity will be considered:
 - ⇒ Instruction at educational institutions that provide fluid power programs. Must teach a minimum of one class per semester, provide a course outline/synopsis and submit student evaluations forms* from at least three classes taught in the past five years.
 - ⇒ Instructor Training provided at a fluid power company that has the potential to provide certification testing in the near future. Must provide explanation of company’s future potential for certification testing and evaluation forms* from at least three training sessions held in the past five years.

**Evaluations must be submitted for a minimum of 50% of the students in each of the RTWs/Classes/Training Sessions referred to in the application.*

Reaccreditation Applications and all related paperwork are reviewed by the IFPS Education Board for approval. “Equivalent” activities must be supported by enclosed documentation and will be evaluated at the discretion of a review subcommittee. These “equivalencies” will not guarantee satisfaction of criteria.

Name _____
(Print name as desired on certificate.)

Employer _____

Home Address _____

Work Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

E-mail address: _____

E-mail address: _____

Last 4 Digits Social Security Number: _____

Current position title: _____

(Not mandatory – used only to assure identification, and accuracy of your certification records.)

Year Accredited: _____

ITW Location: _____

IFPS Memb. No.: _____ AI Cert. No.: _____ Authorized Job Performance Proctor: Yes No

Current Certification(s):

- | | | |
|--|--|--|
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Mobile Hydraulic Technician | <input type="checkbox"/> Mobile Hydraulic Mechanic |
| <input type="checkbox"/> Hydraulic Specialist | <input type="checkbox"/> Industrial Hydraulic Technician | <input type="checkbox"/> Industrial Hydraulic Mechanic |
| <input type="checkbox"/> Pneumatic Specialist | <input type="checkbox"/> Pneumatic Technician | <input type="checkbox"/> Pneumatic Mechanic |
| <input type="checkbox"/> Specialist | <input type="checkbox"/> Master Technician | <input type="checkbox"/> Master Mechanic |
| <input type="checkbox"/> Connector & Conductor | <input type="checkbox"/> | <input type="checkbox"/> |

Bi-Annual Meeting Attended: Date: _____

Location: _____

Accredited Instructor Workshop Attended: Date: _____

Location: _____

#1 RTW/Class/Training Session Conducted: Date: _____

Location: _____

Category: _____

No. Students: _____ (Evaluation Forms Required)

#2 RTW/Class/Training Session Conducted: Date: _____

Location: _____

Category: _____

No. Students: _____ (Evaluation Forms Required)

#3 RTW/Class/Training Session Conducted: Date: _____

Location: _____

Category: _____

No. Students: _____ (Evaluation Forms Required)

*In order to ensure proper processing, please be sure that **all information is complete** and that your **essay, Evaluation Forms and payment** are included. Thank you for your cooperation and continued support.*

FEES

YOU MUST INCLUDE PAYMENT. Do not send cash. We will check, money order, bank draft, or credit card payment.

\$100 USD Before 12/31/07 \$110 USD After 12/31/07 Visa MasterCard AMEX

Card No. _____ Exp. Date _____ Verification Code _____

Cardholder Name (print) _____ Signature _____

FOR OFFICE USE ONLY

Certificate No.: _____ Date issued by Hqtrs.: _____

Classification(s): _____

Fee Received: _____ Date Paid: _____

Date Reviewed by IFPS Education Committee: _____ Approval: _____

Date Returned for additional information from Candidate: _____

Additional Comments: _____
