



**International Fluid Power Society
Accredited Instructor Training Workshop
Authorized Job Performance Proctor Workshop**

Candidate Information:

Name: _____ IFPS Member Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail address: _____

Social Security Number (last 4 digits): _____

Employer Information:

Employer Name: _____

Present Job/Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail address: _____

- | | |
|--|----------------|
| <input type="checkbox"/> Instructor Training Workshop | \$350.00 |
| <input type="checkbox"/> Job Performance Training Workshop | \$150.00 |
| TOTAL FEES | \$_____ |

ITW/JPTW Date and Location: _____

Certification(s) You Currently Have:

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

In what setting has the majority of your experience been?

- Technical School College/University Industry Government

Payment Method:

- Check or money order enclosed (make check payable to International Fluid Power Society)
 MasterCard Visa American Express

Card Number: _____ Exp. Date _____

Cardholder Name (print): _____

Signature _____ Today's Date _____

Please remember to include application, correct fees and professional resume when sending your application to Headquarters for processing.

Candidate Background Information Form

Part I: Education

A. List all schools, college and universities attended:

Name of School	Address	Dates Attended	Degree – Year Awarded	Major/Specialization

B. List credit and non-credit courses that constitute your training specialty in Fluid Power:

Course Name (title)	Course Number	Credits	Name of establishment offering course

Part II: Work Experience

Name of Company/Institution	Dates	Job Responsibilities

Part III: Employment as an Instructor

School or Company	Dates	Course Taught

Please attach additional pages if necessary.

International Fluid Power Society
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