



Minnesota Child Passenger Safety
Application to Instruct Practitioner Course

Applicant Information

Name (please print): _____ SKID #: _____

Agency: _____

Email: _____

Counties willing to serve: _____

I am a current nationally certified technician and have read and understand the Minnesota practitioner instructor guidelines.

Applicant Signature: _____ Date: _____

Application does not ensure approval

Mentoring instructor information

Name _____ SFID# _____

Date of class observed _____

I certify that the above named applicant has successfully participated in the lecture, hands on demonstration, planning and registration for a minimum one (1) practitioner courses.

Signed: _____ Date: _____

By signing this, you are recommending the above named applicant.

RETURN COMPLETED FORM TO:

Minnesota Child Passenger Safety Program, Attention: Shannon Ryder
Minnesota Department of Public Safety – Office of Traffic Safety
445 Minnesota Street Suite 150, St. Paul, MN 55101
FAX: 651-297-4844 or email Shannon.ryder@state.mn.us