



Building Operator Certification INSTRUCTOR APPLICATION

BOC Courses *(Check the courses for which you wish to be considered as an instructor.)*

BOC 101-BUILDING SYSTEMS OVERVIEW	BOC 201-PREVENTIVE MAINTENANCE & OPERATIONS
BOC 102-ENERGY CONSERVATION TECHNIQUES	BOC 202-ADVANCED ELECTRICAL DIAGNOSTICS
BOC 103-HVAC AND CONTROLS	BOC 203-HVAC TROUBLESHOOTING & MAINTENANCE
BOC 104-EFFICIENT LIGHTING FUNDAMENTALS	BOC 204-HVAC CONTROLS & OPTIMIZATION
BOC 105-ENVIRONMENTAL HEALTH & SAFETY REGS	BOC 210-ADVANCED INDOOR AIR QUALITY
BOC 106-INDOOR AIR QUALITY	BOC 211-MOTORS IN FACILITIES
BOC 107-FACILITY ELECTRICAL SYSTEMS	OTHER TOPICS (LIST HERE):

Personal Information

Name: _____
Organization: _____
Address: _____
City: _____ State _____ Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

Experience

Instruction:

Dates of Employment: _____
Employer: _____
Job Title: _____
Job Duties: _____
Titles of Classes or Seminars Taught: _____
Employer Contact and Phone Number: _____

___ Enclosed is an outline or syllabus for the classes referenced above *(required)*.

___ Enclosed is a summary of student evaluations for the classes referenced above *(optional)*.



Instructor Application, continued (pg. 2 of 3)

Industry:

Dates of employment:

Employer: _____ Job Title: _____

Job Duties: _____

Company Contact and Phone Number: _____

Dates of employment:

Employer: _____ Job Title: _____

Job Duties: _____

Company Contact and Phone Number: _____

___ Enclosed is my resume (*required*).

References

Instruction (*minimum of two*)

Name: _____

Organization: _____

Phone: _____

Email: _____

Name: _____

Organization: _____

Phone: _____

Email: _____

Industry

Name: _____

Organization: _____

Phone: _____

Email: _____

Professional Affiliations

Association Name: _____

Member Status: _____ Date of Membership: _____ Exp. Date: _____

Association Name: _____

Member Status: _____ Date of Membership: _____ Exp. Date: _____



Instructor Application, continued (pg. 2 of 3)

Education

School, College or University: _____

Dates Attended: _____ Degree(s) _____

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Dates Attended: _____ Degree(s) _____

Licenses or Certifications

Licensing or Certifying Organization: _____

License(s) or Certificate(s): _____ Exp. Date: _____

Licensing or Certifying Organization: _____

License(s) or Certificate(s): _____ Exp. Date: _____

Signature

I wish to be considered by NEEC as an instructor in the Building Operator Certification program.

Signature: _____ Date: _____

Attachments (required):

___ Class/seminar outline or syllabus

___ Applicant's resume

Attachments (optional):

___ Student evaluations of recent class/seminar

___ Class/seminar handout materials

Return to:

Midwest Energy Efficiency Alliance
Attention: BOC
645 N. Michigan Ave, Ste 990
Chicago, IL 60611
Fax: 312-587-8391

