

# API-U Non-Owned Training Provider Application

## Company Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Social Media Outlets: \_\_\_\_\_

Will you be instructing courses outside the United States?  Yes  No

If Yes, please list all countries: \_\_\_\_\_

## API-U Training/Course Descriptions

Course Title	Length of Course (hours)

\* If more courses are proposed than the allotted space, please attach a separate document with the requested information

### A copy of the following is required for each course:

1. Course Outline
  - Each outline should include the name of the API standard(s)/recommended practice(s), a course overview, a breakdown of the course schedule, and the length of the course.
2. Course PowerPoint/Presentation
3. Course Calendar
  - Include the course calendar for each submitted course. If calendar is not available, please provide the frequency of course dates.
4. Include maximum class size
5. Course Exam (if applicable)
  - Include exam if one is required.
  - Include passing grade percentage.
6. Copy of Certificate of Completion you provide attendees (if applicable)

Submit application and instructor CV(s) to [apiapplications@api.org](mailto:apiapplications@api.org).

# API-U Non-Owned Training Provider Application

**API-U Instructor Approval** – All instructors must have experience in training to be reviewed.

Instructor Name	Job Title

\* CVs must be attached for all instructors.

\*\* If more Instructors are proposed than the allotted space, please attach a separate document with the requested information.

**All instructor CVs must include:**

1. Instructor Name
2. Job History
3. Training Experience
4. Education History

**Submit application and instructor CV(s) to [apiuapplications@api.org](mailto:apiuapplications@api.org).**