Maritime Helicopters

INSTRUCTOR / TRAINER EVALUATION

Instructor/Trainer: Please complete items 1 through 7 below using complete answers. Attach additional sheet(s) as necessary, numbering each item as it relates to the particular paragraph below

NOTE: Instructors/Trainers/Agencies that have not previously providing instructional classes/courses to HFS are encouraged to provide copies of any recommendations, evaluations, etc. from previous companies who have utilized your services

HFS Training Manager: Complete item 8 below during observation of class/course presentation

1. NAME OF INSTRUCTOR/TRAINER: _____

2. ENTER TYPE OF INSTRUCTOR (i.e. independent consultant instructor, instructor employed by an educational training institution, instructor employed by a vendor training company, etc.): _____

3. ENTER SPECIFIC EDUCATION, TRAINING, CERTIFICATION, ACCREDITATION, ETC. RELATING TO CREDENTIALS AS A TRAINING PROVIDER: _____

4. ENTER YEARS OF RELEVANT EXPERIENCE AS A TRAINER/INSTRUCTOR: _____

5. ENTER CURRENCY OF EXPERIENCE AS IT RELATES TO COURSE(S) BEING PROVIDED: _____

6. OTHER NOTES/INFORMATION TO ASSIST FMS IN ASSESSING CREDENTIALS OF INSTRUCTOR/TRAINER PERTAINING TO COURSE(S) BEING PROVIDED: _____

7. DATE COMPLETED: _____