



PORTFOLIO OF PROFESSIONAL DEVELOPMENT

Applicant's Name: _____

List below each of your Master Instructor activities and indicate the number of hours spent completing the activity. **A separate Activity Completion Form with supporting documentation must accompany each activity listed below.** At least two different activities must be submitted in each of the five categories. If additional space is required, photocopy this form. **QUESTIONS? Contact the Board at 303-485-8136**

(Please type)

EDUCATOR category [minimum of 240 hrs]

Regular Aerobic

1. _____	_____	_____	hrs
2. _____	_____	_____	hrs
3. _____	_____	_____	hrs
4. _____	_____	_____	hrs
5. _____	_____	_____	hrs
6. _____	_____	_____	hrs

CONTINUING EDUCATION category [minimum of 30 hrs]

1. _____	_____	_____	hrs
2. _____	_____	_____	hrs
3. _____	_____	_____	hrs
4. _____	_____	_____	hrs

SERVICE TO THE AVIATION COMMUNITY category [minimum of 30 hrs]

1. _____	_____	_____	hrs
2. _____	_____	_____	hrs
3. _____	_____	_____	hrs
4. _____	_____	_____	hrs

CREATOR OF MEDIA category [minimum of 30 hrs]

1. _____	_____	_____	hrs
2. _____	_____	_____	hrs
3. _____	_____	_____	hrs
4. _____	_____	_____	hrs

PARTICIPANT category [minimum of 30 hrs]

1. _____	_____	_____	hrs
2. _____	_____	_____	hrs
3. _____	_____	_____	hrs
4. _____	_____	_____	hrs

[Minimum 500 hrs]

Total

Regular Aerobic
_____ _____ hours

Affidavit

I hereby attest that all information submitted is true, correct and complete. I understand that any misrepresentation of facts may result in denial of Master Instructor accreditation. I authorize present and past employers, the Federal Aviation Administration, industry organizations issuing pilot and /or instructor certification and law enforcement agencies to disclose to the Master Instructor Board of Review information about me from the records in their possession, and provide copies of that information as necessary.

Applicant's signature: _____ Date: _____