

**CONFLICT OF INTEREST**

Is there any conflict of interest with this instructor that may be of concern to the Ohio Ethics Commission and its advisory opinion 98-005? \_\_\_\_\_ Yes \_\_\_\_\_ No (Ohio Administrative Code Section 4101:16-2-04(D))

**OCILB CONTINUING EDUCATION ALTERNATE INSTRUCTOR FORM**

- Course **Number** & Title \_\_\_\_\_
- Name \_\_\_\_\_
- Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_
- Current Occupation \_\_\_\_\_
- Field of Expertise \_\_\_\_\_
- Years of field experiences in the above subject area \_\_\_\_\_ (minimum 5 years)
- Years of teaching in the above subject area \_\_\_\_\_

**\*Attach all proposed instructor qualifications and bio for this course application.**

**ALTERNATE INSTRUCTOR’S INFORMATION**

- Course Title \_\_\_\_\_
- Name \_\_\_\_\_
- Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_
- Current Occupation \_\_\_\_\_
- Field of Expertise \_\_\_\_\_
- Years of field experiences in the above subject area \_\_\_\_\_ (minimum 5 years)
- Years of teaching in the above subject area \_\_\_\_\_

**\*Attach all proposed instructor qualifications and bio for this course application.**

**I solemnly swear that the answers and/or responses are complete and true.**

Name of training agency \_\_\_\_\_

Name of applicant \_\_\_\_\_

Signature of applicant \_\_\_\_\_

Date of application \_\_\_\_\_

Subscribed and duly sworn before me according to law by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_ at the County of \_\_\_\_\_, State of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires