



State of Utah
Department of Workforce Services
ANNUAL INSTRUCTOR AGREEMENT



I have read the Career Ladder Instructor Competencies and agree to abide by all the provisions therein. I understand that failure to follow the provisions may result in the loss of my Instructor Approval in the Career Ladder training program, and may jeopardize my ability to teach Career Ladder courses in Utah.

If I am employed at or have a financial interest in a licensed child care program, I agree to disclose any conflicts of interest regarding the child care program's participation in initiatives or grants supported by the employer ("host agency") where I am an instructor. I understand potential conflicts of interest must be disclosed to my host agency within three business days.

Print Instructor's Name: _____

Signature of Instructor: /s/ _____

Host Agency/Association: _____

Date: _____

Signature of Host Agency's
Lead Professional Development Staff: /s/ _____

Date received: _____

After both the instructor and Lead PD Staff sign, please email this completed agreement to Hillary Christensen, Office of Child Care Professional Development Specialist, at hachristensen@utah.gov.

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.