



APPLICATION FOR UPGRADE TO PBIA CERTIFIED INSTRUCTOR

This application must be completed in full and returned to the Professional Billiard Instructors Association (PBIA), accompanied by a payment of \$100 along with a signed Confirmation of Ability form.

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Cell Phone: _____

Email Address: _____ Website: _____

Method of Payment: Visa MasterCard Check or Money Order

Credit Card Number: Amount: **\$ 100**

Cardholder's Name (as it appears on the credit card): _____

Cardholder's Signature: _____ Expiration Date: _____ Security Code: _____

Send both pages to:

Professional Billiard Instructors Association
C/O Billiard Congress of America
Attn: Rob Johnson
500 Discovery Pkwy, Suite 125
Superior, CO 80027
Tel: (303) 243-5070

MANDATORY INFORMATION

PBIA INSTRUCTOR STATUS:

PBIA Instructor Charter Date: _____

Previous level: **RECOGNIZED INSTRUCTOR** Date Recognized: _____

3-Day PBIA Instructor Training Course: _____

REQUIREMENTS FOR UPGRADE:

1. Must be a Recognized Instructor for a minimum of two years.

Dates served: _____ to _____

2. Successfully complete a three-day instructor training course by an Advanced or Master instructor. Attach a completed Confirmation of Ability form from an Advanced or Master PBIA Instructor:

PBIA Instructor: _____

Minimum of sixty (60) hours of Instruction recorded in the PBIA Web Tracking System. Recognized Instructors in the program prior to Jan. 1, 2010, will receive 20 hours of instruction credit for every year for which they have paid dues and turned in 12 feedback forms.

- 3.

Verified by PBIA staff: _____ Date verified: _____

4. Additional involvement with PBIA program (attach documentation):

Activity: _____ Date: _____

Activity: _____ Date: _____

Activity: _____ Date: _____

5. Optional Information – Other qualifications or considerations (attach documentation):

Activity: _____ Date: _____

Activity: _____ Date: _____

Activity: _____ Date: _____

Signature: _____

Date: _____