

CERTIFIED TRAINER

NOMINATION

Name of Nominee: _____

District: _____

Observed at (check): 1st Qtr District Meeting 2nd Qtr District Meeting
 3rd Qtr District Meeting District Convention
 District Training Retreat Other (List): _____
 International Convention _____

List training observed: _____

Past Training Experience: _____

Presentation Style (i.e., lecture, interactive, etc): _____

List topics he/she is most comfortable teaching: _____

Other desired qualities:
Organizational Skills Ability to Create Change
Professional demeanor Computer Literate (PowerPoint, Word, etc.)
Interpersonal Skills Problem Solver
Communication Skills Conflict Resolution Skills
Must be familiar with Leadership Development Programs (PGI, Skills Development
Modules, New Club Building, Membership, NOW, etc.)

Recommended by: _____ Date: _____