



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 ("sponsoring agency") where I am an instructor. I understand potential conflicts of interest must be disclosed to my sponsoring agency within three business days.

Print Instructor's Name: _____

Signature of Instructor: /s/ _____

Sponsoring Agency/Association: _____

Date: _____

Signature of Professional Development Specialist: /s/ _____

Date received: _____

Please mail or email this completed form to:
Heather Adams – Professional Development Specialist
Office of Child Care – Department of Workforce Services
140 E. 300 S.
Salt Lake City, UT 84111
hadams@utah.gov