



**Construction & Maintenance Craft Training Sponsored by the  
CONSTRUCTION TRAINING CENTERS OF NEW YORK STATE™**  
Education Affiliate of Associated Builders & Contractors, Empire State Chapter  
*Accredited by the National Center for Construction Education & Research*



**NCCER INSTRUCTOR CERTIFICATION TRAINING**

Program Dates: Monday, February 11, 2019 9:00 am – 5:00 pm  
Tuesday, February 12, 2019 9:00 am - 5:00 pm

**Location: ABC Training Center, 6369 Collamer Drive, East Syracuse, NY 13057**

Course materials will be mailed to the recertification participants as soon as registration with payment is received in our office. **Candidates MUST submit a resume with this course registration for approval by the CTCNYS.**

**NCCER Instructor Certification Training Program**

All instructors using the NCCER standardized curricula in their craft, apprentice, school-to-work, or secondary occupational education construction trades programs are required to successfully complete this program.

To be certified, the instructor must:

- ▶ Be approved by the accredited training program sponsor (Construction Training Centers of NYS) with a current resume and state education certification; or
- ▶ Be a journey level or higher in the trade to be taught; and
- ▶ Successfully complete this certification program

**Per Person Program Fee**

- \$595 ICTP Certification
- \$295 ICTP Recertification

**Anyone attending for recert or proctor, only attend on February 12, 2019**

Light breakfast and lunch will be served.  
Please be on time

Does NOT include dinner, lodging or travel. Dress is casual.  
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**Please return this form and resume with payment to:  
Construction Training Centers of New York State™  
2672 West Ridge Road, Greece NY, 14626  
For more information call: 585-455-0293**

**Instructor Information: (Please Print)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

**Employer/School Information: (Please Print)**

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Registration forms with full payment must be received by February 1, 2019. No refund policy for students who withdraw after the first class. No refund for no shows.*

**Payment Method** **Enclosed \$** \_\_\_\_\_

- Check (payable to CTCNYS)
- Credit Card

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

CVV#(last 3#s on card back): \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Circle one:**

American Exp. (15#)    VISA (16#)    Mastercard (16#)