



APPROVAL OF AUXFS INSTRUCTOR

The following AUXFS has been approved as an AUXFS Instructor:

Name: _____

Member #: _____

Email: _____

Phone #: _____ (home) _____ (cell)

The AUXFS has met the following qualifications to be an AUXFS Instructor:

- Is an Auxiliary instructor
- Is an experienced AUXFS
 - Completed PQSs at least one year ago (date of completion _____)
 - Works regularly at a CG unit
- Taught at least one AUXFS Basic Class under the supervision of an existing AUXFS Instructor*
- Has the necessary material and equipment to teach a class
- Demonstrate knowledge of Policies and Procedures of the AUXFS Program.

*AUXFS Instructor (print) _____ Date: _____

Signature: _____

DSO-FS Signature: _____

Date: _____

Comments: