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:

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