

# FORM SCO-3 - Part 4: Instructor Application

**INSTRUCTIONS:**

Use this form to document qualifications of the instructor who will conduct all or part of the orientation program. Complete a copy of this form for each instructor seeking approval to provide HSE RIG PASS instruction.

**\*\*NOTE** – Submitting a resume/CV is optional but not required. If submitting a resume, please be sure to include the name of your organization and date of submittal on the footer of each page of the resume/CV. **This form must be completed even if a resume is attached.**

Provider Name	Program ID	Date Submitted
<b>SECTION A – PERSONAL INFORMATION, SKILLS, AND TEACHING EXPERIENCE</b>		
First Name (given name)	Middle Initial	Last Name (family name)

Complete the sections below as they pertain to each of the topics covered in the HSE Rig Pass Program. If the space provided below is insufficient, please attach an additional page and be sure to reference the name of your organization and name of instructor.

INSTRUCTOR EXPERIENCE (HSE or Non-HSE)				
Title	Name of Company or Institution	Topics	Start Date	End Date

HSE EXPERIENCE			
Title	Name of Company or Institution	Start Date	End Date

EDUCATIONAL BACKGROUND and/or CERTIFICATION					
Field of Study or Certification	Name of Company or Institution	Completion Date	Field of Study or Certification	Name of Company or Institution	Completion Date

ADDITIONAL COMMENTS:

SECTION B – PRIOR HSE RIG PASS APPROVAL
Has the individual previously been approved as an HSE RIG PASS instructor? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, name of training provider and date:

**Instructor Application Submitted by:** \_\_\_\_\_