

**Application for Qualification/Recertification of CDE ELDT Hands-On Trainer**

**2024-2026**

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_  
 (Please Print)

Hands-On Trainer # \_\_\_\_\_ ELDT Trainer # \_\_\_\_\_

District Name \_\_\_\_\_

Email Address \_\_\_\_\_

**Please initial or check each box that the applicant has completed for Qualification or Recertification**

1. \_\_\_\_\_ The CDE ELDT Hands-On Trainer shall have maintained a CDE ELDT certificate for a minimum of two years. 7.02(a).

Date of initial ELDT Trainer Certificate \_\_\_\_\_

2. \_\_\_\_\_ The CDE ELDT Hands-On Trainer shall have satisfactorily completed the CDE ELDT Hands-On Trainer instruction class 7.02(b).

Date of Training \_\_\_\_\_ (qualification only)

3. \_\_\_\_\_ The CDE ELDT Hands-On Trainer shall train at least two ELDT Trainers every three years 7.02(d).

or

\_\_\_\_\_ attend a CDE ELDT Hands-On Trainer recertification training to recertify as a CDE ELDT Hands-On Trainer 7.02(d).

Date of Training \_\_\_\_\_ (recertification only)

I hereby verify that I have completed all of the above requirements and have documentation of the above requirements in an ELDT Trainer Qualification File. I request that CDE issue the CDE ELDT Hands-On Trainer Certificate/Recertification Certificate.

\_\_\_\_\_  
 (Signature) (Date)

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STU-14 Maintain in the ELDT Trainer Qualification File 6.00

