

PENNSYLVANIA ALCOHOL HIGHWAY SAFETY PROGRAM

DUI INSTRUCTOR I

- 1. Your County: _____
- 2. Participant: _____
- 3. Business: _____
- 4. Address: _____

- 5. Telephone: _____ Email: _____
- 6. Workshop Date & Location: _____

TO PARTICIPATE IN THIS WORKSHOP, THIS COMPLETED/SIGNED FORM ALONG WITH THE
\$25 REGISTRATION FEE MUST BE MAILED TO OUR OFFICE **AT LEAST 10 DAYS** PRIOR TO
THE TRAINING DATE!

COORDINATORS:

- 7. I verify that the above named individual attended, as an observer, a Complete (12 ½ - 15 hours) Safe Driving School Course taught by a Certified DUI Instructor.

Dates: _____

Location: _____ Instructor: _____

- 8. I agree to supervise this individual and ensure that he/she complies with the following requirements for certification established by the Department of Transportation & Health:
 - a. Full-time attendance at a two-day Instructor Certification Workshop.
 - b. Teach at least one Safe Driving School Course, using the approved curriculum, prior to attending the Performance Analysis Workshop (PAW).
 - c. Administer the approved Pennsylvania Alcohol Highway Safety Program (PAHSP) Drinking and Driving Knowledge Inventory. The class average must be 24 correct answers (80th percentile) or better. These scores will be submitted with the PAW request form.
 - d. Submit a copy of the Course syllabus and lesson plans used in “b” above, along with the PAW request form.
 - e. Full-time attendance at a one-day DUI PAW Workshop.

PARTICIPANT:

9. Please list level of education completed and field of study _____
(*A Bachelor's Degree is required* under Chapter 94, Title 67 requirements of Alcohol Highway Safety School Instructors)

DUI Coordinator's Signature: _____
(If the DUI Coordinator is the participant, the signature of his/her immediate supervisor is required)

Mail to: PA DUI Association~2413 N. Front Street~Harrisburg, PA 17110
717-238-4354