**2022 AUTOMOBILE INSTRUCTOR QUALIFICATION SHEET**

(an instructor qualification sheet must be filled out for each instructor)

|  |  |  |  |
| --- | --- | --- | --- |
| **Instructor** |  | **ASE ID# (required)** |  |

(please print or type instructor’s name) (as it appears on their certificate)

**Are you a new instructor with the program?** **No** **Yes - Hire Date:**

**Please indicate the level of accreditation being sought:**

**Maintenance & Light Repair**  **Automobile Service Technology**  **Master Automobile Service Technology**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current ASE Certifications:** | **Expiration Date** | **MLR** | **AST** | **MAST** |
| **A1 Engine Repair** |  |  | If taught | If taught |
| **A2 Automatic Transmission/Transaxle** |  |  | If taught | If taught |
| **A3 Manual Drive Train & Axles** |  |  | If taught | If taught |
| **A4 Suspension & Steering** |  | **Required** | If taught | If taught |
| **A5 Brakes** |  | **Required** | If taught | If taught |
| **A6 Electrical/Electronic Systems** |  | **Required** | **Required** | **Required** |
| **A7 Heating & Air Conditioning** |  |  | If taught | If taught |
| **A8 Engine Performance** |  |  | If taught | If taught |
| **G1 Auto Maintenance & Light Repair** |  | **Required** | **Required** | **Required** |
| **L1 Advanced Engine Performance** |  |  |  | If taught\* |
| **L3 Light Duty Hybrid/Electric Vehicles** |  |  |  | Recommended\*\* |

**AST & MAST programs must indicate areas being taught by this instructor**

Engine Repair

Automatic Transmission/Transaxle

Manual Drive Train & Axles

Suspension & Steering

Brakes

Electrical/Electronic Systems

Heating and Air Conditioning

Engine Performance

Hybrid/Electric Vehicle Diagnosis & Repair

*\*ASE certification in A8 & L1 is required for MAST program instructors teaching Engine Performance*

*\*\*ASE certification in L3 is recommended for MAST program instructors teaching Hybrid/Electric Vehicle Diagnosis & Repair*

**INSTRUCTOR TRAINING FORM**

**ALL instructors** **are required to attend a minimum of 20 hours of recognized automotive industry technical update training each year that is relevant to their program.** Please list all relevant industry update training for the past year below. Note: educational courses to fulfill state teacher licensure requirements, professional improvement and/or in-service activities do not count as industry technical update training. Use a separate form for each 12-month period (calendar year or academic year).

**Hands-on Work Option:** Under specific conditions, automotive instructors may substitute ten (10) hours of documented hands-on work for one (1) hour of update training. See the Hands-on Work Report on the next page for full details and requirements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Instructor’s Name | |  | | | |
| Date of Training | Training Provider/Company | | Course Title | Online or In Person | Hours |
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**HANDS-ON WORK REPORT FORM**

Automotive instructors may substitute ten (10) hours of documented hands-on work as a technician in a retail or fleet automotive repair business outside the school (e.g., part-time work or summer externship) for one (1) hour of automotive industry update technical training, up to a maximum of ten (10) hours of update technical training each year, toward the annual update training requirement. The work must be related to the areas they teach and take place in the same year for which substitute credit is sought. The ASE Education Foundation reserves the right to verify all hands-on work information reported and determine whether it meets all requirements.

If you wish to use hands-on work as a partial substitute for update technical training, complete the form below and have it signed by the business owner or manager. Use a separate form for each 12-month period (calendar year or academic year).

|  |  |
| --- | --- |
| Instructor’s Name |  |
| Business Name |  |
| Business Type | Dealership  Independent Repair Shop  Retail Chain Store  Fleet Repair Shop  Other (please specify) |
| Business Address |  |
| Business Phone No. |  |
| Owner/Manager’s Name |  |
| Owner/Manager’s Title |  |
| Dates worked |  |
| Describe the work performed (must be as a service technician, not parts counter, service writer, etc.) |  |
| Paid or Unpaid | Paid  Unpaid |
| Total hours worked as a service technician |  |
| Hours worked / 10 = training hours substituted | **(maximum of 10 hours of substitute credit)** |
| **I attest that the information provided on this form for this instructor’s hands-on work is true and correct to the best of my knowledge.** | |
| Owner/Manager’s Signature |  |
| Date |  |