**2025 MEDIUM/HEAVY TRUCK 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:**

**Inspection, Maintenance, & Minor Repair**  **Truck Service Technology**  **Master Truck Service Technology**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current ASE Certifications:** | **Expiration Date** | **IMMR** | **TST** | **MTST** |
| **T2 – Diesel Engines** |  |  | If taught | If taught |
| **T3 – Drive Train** |  |  | If taught | If taught |
| **T4 – Brakes** |  | **Required** | If taught | If taught |
| **T5 – Suspension & Steering** |  |  | If taught | If taught |
| **T6 – Electrical/Electronic Systems** |  | **Required** | **Required** | **Required** |
| **T7 – Heating, Ventilation & Air Conditioning** |  |  | If taught | If taught |
| **T8 – Preventive Maintenance Inspection** |  | **Required** | **Required** | **Required** |

**TST & MTST programs must indicate areas being taught by this instructor**

Diesel Engines

Drive Train

Brakes

Suspension & Steering

Electrical/Electronic Systems

Heating, Ventilation and Air Conditioning

Preventive Maintenance Inspection

***\* IMMR program instructors must hold ASE certification in T4, T6, T8 and at least one other T series certification.***

**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 medium/heavy truck repair business outside the school (e.g., part-time work or summer externship) for one (1) hour of medium/heavy truck 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 |  |