



## APPLICATION FOR UPGRADE TO PBIA CERTIFIED INSTRUCTOR

This application must be completed in full and returned to the Professional Billiard Instructors Association (PBIA), accompanied by a payment of \$100 along with a signed Confirmation of Ability form.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

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Method of Payment:  Visa  MasterCard  Check or Money Order

Credit Card Number:     Amount: **\$ 100**

Cardholder's Name (as it appears on the credit card): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

### Send both pages to:

Professional Billiard Instructors Association  
C/O Billiard Congress of America  
Attn: Rob Johnson  
10900 West 120<sup>th</sup> Ave., Unit B7  
Broomfield, CO 80021

Tel: (303) 243-5070

# MANDATORY INFORMATION

## PBIA INSTRUCTOR STATUS:

PBIA Instructor Charter Date: \_\_\_\_\_

Previous level: \_\_\_\_\_ **RECOGNIZED INSTRUCTOR** \_\_\_\_\_ Date Recognized: \_\_\_\_\_

3-Day PBIA Instructor Training Course: \_\_\_\_\_

## REQUIREMENTS FOR UPGRADE:

1. Must be a Recognized Instructor for a minimum of two years.

Dates served: \_\_\_\_\_ to \_\_\_\_\_

2. Successfully complete a three-day instructor training course by an Advanced or Master instructor. Attach a completed Confirmation of Ability form from an Advanced or Master PBIA Instructor:

PBIA Instructor: \_\_\_\_\_

Minimum of sixty (60) hours of Instruction recorded in the PBIA Web Tracking System.  
Recognized Instructors in the program prior to Jan. 1, 2010, will receive 20 hours of instruction credit for every year for which they have paid dues and turned in 12 feedback forms.

- 3.

Verified by PBIA staff: \_\_\_\_\_ Date verified: \_\_\_\_\_

4. Additional involvement with PBIA program (attach documentation):

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

5. Optional Information – Other qualifications or considerations (attach documentation):

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_