

## **HOURS LOG: INSTRUCTORS IN TRAINING CNWI PROGRAM**



First Name:	Co-ii	instructor - if applicable	First Name:
	(list	to right)	
Last Name:			Last Name:
Address:			
City:			
State:			
Zip:	Note:		
	You may summarize hours of a class term.		
Email:	For example: if you teach a six-week, 1 1/2 h		
	number of hours for the class term (9 in this elisted in blue.	example) under the correct heading "C	Class Teaching Hours". See below example
Phone Number:	iisca iii bide.		
	We would also like you to track your CNWI co		n the total count of hours. Please just list
Company Name:	the date, location, and write Day 1, Day 2, et	IC.	
Web URL:			

Applied Training Strand (intro, odor, exterior, and vehicle)
Instructional/Practical Teaching Hours (40 hrs)

		Instructional/Practical Teaching Hours (40 hrs)					ours (40 hrs)				
Date	Topic or Class level	Location or Facility	City	State	CNWI Course Days (Please list as Day 1, Day 2)	Training Strand (introduction workshop with founder, odor, exterior, and vehicle)	Observation Hours (you attended class, wkshp or participated in practice group)	Private Lessons (privates for behavior modification or extra	session - not	(as lead and/or co-	Description and/or comments
01/01/12	Intro to Nose Work	Pasadena Humane	Pasadena	CA						9.00	One term of classes
SUB-TOTAL HOU	RS						0.00	0.00	0.00	0.00	TOTAL HOURS BELOW
											0.00