



TRAINEE AFFILIATE VERIFICATION FORM

Please complete the following applicant information and have your training instructor sign.

This verification form will be uploaded when submitting your trainee affiliate application. If your application has already been submitted, please email to office@altaread.org.

Name of Trainee Affiliate: _____

Name of Training Center/Program: _____

Date Training Began: _____

Expected Graduation Date: _____

I, _____ verify that this applicant is currently an active non-conditional participant in at a ALTA Pre-Approved Training Center or with an ALTA Instructor-Led Training Program, were I am the Program Director or ALTA Certified Instructor.

Program Director/ALTA Certified Instructor Signature

Date