

**Rug Hooking Guild of Newfoundland and Labrador**

**Application for Teacher Certification**

**Name:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

How many years have you been a member of RHGNL? \_\_\_\_\_

Name of RHGNL sponsor/mentor, if applicable: \_\_\_\_\_

**Prerequisites for Application:**

Two 18 hr. courses including **Beginners** and one other. Please provide titles, teacher, date and number of hours for each.

---

---

Please attach a summary of your hooking experiences, listing courses and/or pieces hooked. Include how long you have been hooking and why you wish to become a teacher. (feel free to use additional pages or back of this page)

---

---

---

---

---

---

---

---

---

---

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