



Independent Contractor
Instructor Questionnaire

Name:					
Where do you Live? (City & Zip Code):					
Colorado Licensure: LPN RN MD DO PA Pharmacist					
What regions do you typically cover? (check all that apply)					
Colorado Springs		Pueblo	Denver	Denver-Metro Area	
Summit County		Grand Junction		Ft. Collins/Greeley	
Alamosa		Eastern Plains		Sterling/Northeast CO	
Boulder		Other _____		Other _____	
Are you willing to travel?					
15-25 miles		30-50miles	60-100miles	100+ miles	
Do you work for or have contact with a facility/agency that requires regular QMAP training?					
Yes		No	Name of Facility:		
If Yes, how often?					
Monthly		Quarterly	Semi-Annually	Annually	
How Many Students are you comfortable teaching?					
6-10		11-15	16-20		
Do you know of any facilities in your area that can comfortably accommodate a class? (Libraries, Agencies, Community Centers, Offices, etc.)					
Facility Name	City	Number of Students the room can accommodate	Tables/ Chair (yes/no)	Projector (yes/no)	Internet (yes/no)