



## STATEMENT OF FINANCIAL AND RESOURCE SUPPORT

*You can type your information directly into this form. You will not be able to save; print before closing.*

\_\_\_\_\_ is making application to become a  
Candidate Name  
Tuberculosis Instructor with the American Lung Association in Indiana. The policy of the TB Education Program requires each instructor Candidate to provide proof of financial and resource support.

The support needed from the organization:

- Cost and time to attend the Instructor Course and the Annual Update Programs
- Time to develop and teach the course each year
- Cost of supplies, duplication of materials and equipment to provide a safe, accurate course
- Maintenance of documentation and record keeping for all classes taught for a minimum of three years
- May accommodate non-employee participation in classes and may charge appropriate fee to recoup expenditures

Signature required below must be an administrative employee who has responsibility to determine financial resource allocation for the organization. This signature also verifies that the applicant is an employee or affiliated with the organization and that financial and resource support will be available.

\_\_\_\_\_  
CEO/Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Facility Address (street, city, state, zip code)