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**THE AMERICAN ASSOCIATION OF ZOO KEEPERS  
INTERNATIONAL OUTREACH COMMITTEE   
TEACHING PROGRAM**

The IOC Teaching Program was developed to assist animal care professionals in Latin American countries by providing training and mentorship in the animal care field.

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| FOLLOW INSTRUCTIONS CAREFULLY – COMPLETE ALL PAGES OF THE APPLICATION | | | | |
| **Institution Requesting Teaching Program** | | | | |
| Person Requesting Program: | |  | | |
| Position Title: | |  | | |
| Contact Information: | |  | | |
| Institution’s Name: | |  | | |
| Facility Address: | |  | | |
| Name of Director of Institution: | |  | | |
| Director’s Contact Info: | |  | | |
| Number of animal care staff: | |  | | |
| Number of animals in collection: | |  | | |
| Species in collection: | |  | | |
| Contact name & information of person who will be assisting in the organization of the program: | |  | | |
| **Facility Details** | | | | |
| Preferred dates for program: | |  | | |
| Second choice dates: | |  | | |
| Program location: | |  | | |
| Number of attendees attending from host location: | |  | | |
| Will animal care personnel from outside of your institution be invited to attend the program? | |  | | |
| Total number of attendees you would like to have attend program: | |  | | |
| Does the program location have an auditorium/ large space for all attendees to attend general presentations? Describe. | |  | | |
| Does the program location have smaller rooms/ areas for small group presentations? Describe. | |  | | |
| How many small room areas can be used at the same time? Describe. | |  | | |
| Do you have access to a projector and laptop for PowerPoint presentations? Describe how. | |  | | |
| Does your facility have adequate sound system? Describe. | |  | | |
| Do you have access to translators if needed? | |  | | |
| Will this program be held in conjunction with other programs? If yes, describe. | |  | | |
| **Program Details** | | | | |
| Teaching Programs usually run from 9:00 am until 5:00 pm (depending on topics). During this time, it is recommended that there be a 15 minute morning break, an afternoon lunch, and a 15 minute afternoon break. Breaks and lunches should have access to refreshments and restroom facilities. | | | | |
| Has anyone from your facility attended a previous AAZK Program? If so, describe. | |  | | |
| Are there specific topics you would like covered during the program? If yes, describe. | |  | | |
| Does your facility offer the opportunity to provide hands on experiences/ workshops? | |  | | |
| What/ if any previous programs has your institution hosted? | |  | | |
| **Program Costs Logistics** | | | | |
| Expenses for AAZK Instructors include roundtrip airfare, hotel during program, and all meals for 2 IOC instructors, possible translation needs (usually for one day), daily transportation to facility and from hotel for all attendees, and name tags.  The IOC will supply flash drives with educational material, material needed for courses (unless special requirements are needed locally), program information,  and AAZK IOC Certificates of Program Completion. Any registration fees from outside attendees are to be used to cover above mentioned expenses. | | | | |
| What is your budget for the IOC Teaching Program? | |  | | |
| Is your facility able to cover, within reason, the cost of airfare, hotel, and meals for 2 IOC instructors? | |  | | |
| Will there be a fee for outside attendees? If so, please discuss with IOC planners at this time. | |  | | |
| What reasonably priced hotel can be used during the program? List possible hotel name and cost per room for single and double occupancy. | |  | | |
| **Please use the area below for any question or comments you may have regarding the Teaching Program** | | | | |
|  | | | | |
| **To Be Completed By the Zoo/Aquarium Director** | | | | |
| I have reviewed the IOC Teaching Program application and agree to all information noted.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zoo/Aquarium Director’s Signature Date | | | | |
| **To be Completed by the Applicant** | | | | |
| *I have completed the application and understand that failure to fulfill the requirements requested to host AAZK’s IOC Teaching Program may result in cancellation of the IOC Teaching Program*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant’s Signature Date | | | | |
| **For Office Use Only – Do Not Write Below This Line** | | | | |
| Date Received: |  | | Proposed Dates for Program: |  |
| **Submit Completed Application and any Supplemental Documentation to:**  **Yvette Kemp, Chair  AAZK International Outreach Committee** [**Yvette.Kemp@aazk.org**](mailto:Yvette.Kemp@aazk.org) **Subject line: IOC Teaching Program** | | | | |