



Florida Reef Tract Rescue Project Coral Aquarist Training Program
Application

[Complete and return to: BFirchau@safecoral.org](mailto:BFirchau@safecoral.org)

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE and ZIP CODE: _____

COUNTRY: _____ EMAIL: _____

PHONE: _____ Provide T-shirt size: _____

All AZA-FRTRP Coral Aquarist Training Program applicants must:

- be actively employed in animal husbandry within the last five years (*Preferred*);
- have 2 years of animal husbandry and/or 2 years of coral focused experience in a research or laboratory setting (*Preferred*).

Required Documentation:

- Provide resume or curriculum vitae *in pdf format*.
- Provide TWO professional reference letters of recommendation *in pdf format*.
- Complete the Statement of Institutional Support

I am an employee or student of (*mark all that apply*):

☐ a current FWC approved coral holding facility. (AZA or non-AZA accredited)

☐ an AZA member facility awaiting approval by FWC to hold Florida rescue corals.

☐ a non-AZA member facility awaiting approval by FWC to hold Florida rescue corals.

☐ an academic institution identified as a FWC approved coral rescue and propagation facility in the United States.

☐ an academic institution located within the Caribbean that is leading or assisting in coral conservation projects or efforts that include but are not limited to land-based coral nursery management.

☐ a government agency within or outside the United States charged with management of land-based coral nurseries.

☐ Other: _____

NAME OF FACILITY, ACADEMIC/RESEARCH INSTITUTION, AGENCY: _____

ADDRESS (*if different from above*): _____

CITY: _____ **STATE and ZIP CODE:** _____

COUNTRY: _____

I have (mark one):

- ☐ no aquarium science knowledge but lack technical application experience.
- ☐ some aquarium science knowledge but lack technical application experience.
- ☐ extensive aquarium science knowledge but lack technical application experience.

I have (mark one):

- ☐ no experience managing aquarium systems.
- ☐ some experience managing aquarium systems.
- ☐ extensive experience managing aquarium systems.

I have (mark one):

- ☐ no experience managing corals in ex situ human care.
- ☐ some experience managing corals in ex situ human care.
- ☐ extensive experience managing corals in ex situ human care.

PRINT APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____

APPLICANT GOALS

To best position participants for success in the Coral Aquarist Program, it is recommended that participants have experience in animal care. Please provide at least two examples of your history or experience working with animals in a husbandry scenario. Include the timeframe in which that experience occurred, the species and in what capacity your experience was gained. (750 word limit)

APPLICANT GOALS

Provide how the experience and training provided in the Coral Aquarist Program will be utilized by the applicant in duties and responsibilities assigned by their sponsoring facility, institution, or agency. (500 word limit)

APPLICANT MOTIVATION

Provide how participating in the course may meet your personal professional goals. What is your motivation or goal for taking this course? What are your expectations for applying what you learn to your career path?" (500 word limit)

PRINT APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____



Coral Aquarist Training Program

Statement of Institutional Support

The _____ is committed to providing resources and support for
(participant sponsor)

_____ to attend and participate in the AZA-FRTRP Coral Aquarist Program.
(participant)

The _____ acknowledges the payment of tuition to be \$2500.00 due in full by
(participant sponsor)

May 11, 2026. Lodging, travel expenses and meals are recognized as additional expenses to be included in the costs of program participation and are the responsibility of the participant or participant sponsor institution to provide.

_____ will attend and participate in all program training activities and complete all
(participant)
required course work assigned by the program and program's trainer.

If the _____ and/or _____ cancel participation prior to
(participant) (participant sponsor)

June 1, 2026, the start of Phase 1, a partial refund may be provided. No refund will be provided if cancellation occurs after the commencement of Phase 1, June 1, 2026.

REQUIRED SIGNATURES:

Name of Participant Date:

Signature:

Name of Direct Supervisor Date:

Signature:

Facility, Institution, or Agency Leadership (Director, CEO, Provost, President): Date:

Signature: