

Instructor Qualification Form

Employee Full Name: [Click here to enter text](#)

Employment Start Date: [Click here to enter text](#)

Position Title: [Click here to enter text](#)

Full-time or Part-time

Education

Institution attended (Name)	Location	Program/Major	Degree and Date Received	Documentation Verified by Administration
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Certifications or Licenses

Name of occupational Licenses, Certifications or Registrations Held	Certifying Agency	State issued	Expiration Date	Documentation Verified by Administration
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Teaching and work experience (List all positions held over the past ten years, beginning with the most recent)

Employer Name	Position Title	Subject Taught	Dates Employed

Courses to be taught - List courses the faculty will teach at the proposed institution.

Name of Course	Name of Course
1.	4.
2.	5.
3.	6.

_____ Applicant Printed Name	_____ Signature of Applicant	_____ Date
_____ Authorized School Official Printed Name	_____ Signature of Authorized School Official	_____ Date