



Instructor Qualification Form

One form must be completed for each faculty.

Place completed form in the section on Faculty

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"/>

CERTIFICATIFICATIONS 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 & 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.

I solemnly swear or affirm that the factual statements and assurances made herein are true to the best of my personal knowledge, information and belief under criminal penalties for the making of a false statement pursuant to D.C. Official Code § 22-2405, which includes 180 days in jail, a \$1,000 fine or both.

Applicant Printed Name

Signature of Applicant

Date

Authorized School Official Printed Name

Signature of Authorized School Official

Date