

**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. Position Title: Click here to enter text.

Employment Start Date: 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** |
|  |  |  |  |  |
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|  |  |  |  |  |

CERTIFICATIONS OR LICENSES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Occupational Licenses, Certifications or Registrations Held** | **Certifying Agency** | **State Issued** | **Expiration Date** | **Documentation Verified by**  **Administration** |
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TEACHING & WORK EXPERIENCE - List all positions held over the past ten years, beginning with the most recent.

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| --- | --- | --- | --- |
| **Employer Name** | **Position Title** | **Subject Taught** | **Dates Employed** |
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COURSES TO BE TAUGHT - List courses the faculty will teach at the proposed institution.

*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.*

|  |  |
| --- | --- |
| **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 |