

**College of Education
Continuing Education Clock Hours
Instructor Qualification Form**

<i>INSTRUCTOR NAME</i>	<i>CURRENT EMPLOYER</i>
<i>POSITION/TITLE</i>	<i>WORK ADDRESS</i>
<i>EDUCATIONAL BACKGROUND</i> <i>Institution: _____ Degree: _____</i> <i>Institution: _____ Degree: _____</i> <i>Institution: _____ Degree: _____</i> <i>Institution: _____ Degree: _____</i>	<i>PROFESSIONAL MEMBERSHIPS</i>
<i>SUBJECT OF INSTRUCTION OR WORKSHOP TITLE</i>	<i>CONTACT PHONE</i>
<i>PROFESSIONAL BACKGROUND & EXPERIENCE RELATING TO WORKSHOP BEING OFFERED (PLEASE BE SPECIFIC):</i>	
<i>REFERENCES:</i>	
<i>Name: _____ Title: _____ Phone: _____</i>	
<i>Name: _____ Title: _____ Phone: _____</i>	
<i>Name: _____ Title: _____ Phone: _____</i>	

Please return this form to the Clock Hour Office at PO Box 642114, Pullman, WA 99164-2114.