



**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>	
Institution: _____	Degree: _____
Institution: _____	Degree: _____
Institution: _____	Degree: _____
Institution: _____	Degree: _____
<i>Professional Memberships</i>	
<i>Workshop Title</i>	<i>Contact Phone</i>
<i>Please explain professional background and experience relating to the workshop being offered.</i>	