



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

Instructor Name	Current Employer
Position/Title	Work Address
Educational Background	Professional Memberships
Institution: _____ Degree: _____	
Institution: _____ Degree: _____	
Institution: _____ Degree: _____	
Institution: _____ Degree: _____	
Workshop Title	Contact Phone
Professional background & experience relating to the workshop being offered. Please be specific.	
References:	
Name: _____	Title: _____ Phone: _____
Name: _____	Title: _____ Phone: _____
Name: _____	Title: _____ Phone: _____