

Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: Presenter: ______ Title: _____ Employer: _____ Address: City: ______ Phone: _____ Phone: _____ Summary of Lesson content: Professional Background: (Note a brief - 2 page maximum - resume may be submitted in lieu of the following data. Please be sure the resume includes all requested information. Qualifications should be related to your presentation.) Use the reverse side of this form if more room is needed to fully answer the following questions. Primary Knowledge/Skills/Abilities related to presentation:_____ Education (High School, Upgrades, Colleges and Degrees):_____ Professional Registration/Certification: Related papers/instruction you have presented: Title:_____ Date: ____ Event: ____ Title _____ Date: ____ Event: ____ Professional Organizations/Activities: ___ Date: ____ Date: Course sponsor: Signature of Instructor: _____ Date: _____ DO NOT WRITE BELOW THIS LINE Date Evaluated: ______ By: _____ _____ Approved: Yes____ No ____

Return Completed Form To:

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