

## INSTRUCTOR FORM

SCHOOL NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

The school must complete and submit one form for each person who is teaching at the school. The school must submit an Instructor Form(s) as part of the application for initial approval or renewal approval. Print clearly.

The school must submit a revised Campus Roster(s) (POSA AP Page 19) to the Commissioner in conjunction with each instructor addition or deletion.

INSTRUCTOR NAME: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

**TEACHING ASSIGNMENT:** Program Name(s) and/or Course Name(s) and/or subject area(s):

### QUALIFICATIONS:

The instructor must answer each question below.

- 1) I am at least eighteen years of age. Yes  No   
and
- 2) I hold a high school diploma, or other equivalency recognized by the Board of Education (G.E.D.) Yes  No   
and
- 3) I have not less than two (2) years of experience in the skill or subject to be taught within ten (10) years immediately preceding employment by the school or the equivalent in teacher training approved by the Board of Education in the skill or subject taught. Yes  No   
and
- 4) If hired after the date of October 10, 1984 and required to be a holder of state special permit(s) or license(s) to practice my trade(s) I shall be a holder of such permit(s) or license(s) and provide evidence prior to instructing in the practical application of the trade and shall maintain such license(s) or permit(s) during the period for which such instruction is given. Yes  No  N/A

**EDUCATION AND EXPERIENCE:** Attach a current copy of your resume.

Your resume must include information on your education: Institution name and address/location; major subject studied; degree, diploma/certificate name and date of award. You must provide minimum information on relevant experience in the area for which training is offered, which must include employer name and address/location; position held outlining duties and responsibilities; beginning and ending dates including month and year of employment.

If you hold a Teacher Certification - **attach a copy of teaching license and detail here** the subject(s) in which authorized to give instruction and any expiration date:

If you hold an Occupational License - **attach a copy of current license(s) and detail here area(s) licensed in and any expiration date(s):**

**I do swear or affirm that the statements made on the Instructor Form are complete and correct to the best of my knowledge and belief.**

**Signature of Instructor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

It is the responsibility of the school to ensure that it hires an appropriately qualified individual, pursuant to Regulation 10a-22k-5(k)(2), to teach at the school. The Commissioner of Higher Education may waive the educational and other requirements for an instructor where there is other evidence of qualification. If applicable, attach documentation showing the grant of a waiver.

The School Director/Campus Director must answer the following:

This instructor will serve as department head or supervising instructor No  Yes   
and Specify area \_\_\_\_\_

**I do swear or affirm that the statements made on this form are complete and correct to the best of my knowledge and belief.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
School/Campus Director