Faculty

Name:

Credentials:

Position/Title:

Certification Information (please list all)

|  |  |  |  |
| --- | --- | --- | --- |
| **Credential** | **Certified by** | **Certification #** | **Year Certified** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Distribution of Work

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Teaching (%)** | **Administration (%)** | **Clinical Services (%)** | **Research (%)** |
| Proportion of time in each area |  |  |  |  |

Education

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education** | **Institution** | **Field of Study** | **Degree** | **Year** |
| Undergraduate |  |  |  |  |
| Graduate |  |  |  |  |
| Other (specify) |  |  |  |  |

Experience (list current position first)

For additional lines, go to Review, click Restrict Editing, then Stop Protection. Add the lines you need, then once finished, go back and click Yes, Start Enforcing Protection.

|  |  |  |
| --- | --- | --- |
| **Institution/City/State** | **Position** | **Years** |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

Principal Functions in the Education Program

|  |
| --- |
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|  |

For additional lines, go to Review, click Restrict Editing, then Stop Protection. Add the lines you need, then once finished, go back and click Yes, Start Enforcing Protection.

**Note for Program Directors:** Attachevidence of professional development hours as required of the program discipline.

**Note for Faculty/Instructors:** Attach proof of professional development activities that

support assigned teaching responsibilities for the program discipline.