

INSTRUCTOR FORM

SCHOOL NAME: _____ LOCATION: _____

The school must complete and submit one form for each person who is teaching. 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 Hospital School Staff Roster(s) (HPOSA AP Page 7) to the Executive Director 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
- Attach a copy of your teacher certificate and/or occupational license (if applicable)

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. The Executive Director of the Office 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/Program 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/Program Director