

FACULTY DATA SHEET

PDE-5007 (1/00)

Instructions: Complete a separate data sheet for each instructor who participates in more than 20% of the class hours. Return completed forms according to instructions found in Section IV of the Act 48 Approved Provider Guidelines to the Department of Education, Division of Professional Education and Planning, 333 Market Street, 8th Floor, Harrisburg, PA 17126-0333.

INSTRUCTOR'S NAME

PROFESSIONAL TITLE

FULL TIME EMPLOYER

AREA CODE & TELEPHONE No.

ADDRESS (STREET, CITY, STATE, ZIP)

E-MAIL ADDRESS

PART TIME EMPLOYER

DEGREE

DATE RECEIVED

INSTITUTION

FIELD OF STUDY

 BACHELOR'S

 MASTER'S

 DOCTORAL

 OTHER DEGREES
(SPECIFY)

TEACHING EXPERIENCE (Years at each level including current position):

HIGHER EDUCATION

YEARS

SECONDARY EDUCATION

YEARS

ELEMENTARY EDUCATION

YEARS

COLLEGES AND YEARS WHERE INSTRUCTOR HAS TAUGHT

SCHOOLS AND YEARS WHERE INSTRUCTOR HAS TAUGHT

RECENT EXPERIENCES RELATED TO THIS COURSE PROPOSAL

TITLE OF THIS CONTINUING PROFESSIONAL EDUCATION COURSE

SIGNATURE

DATE