ABHES FACULTY DATA SHEET

(All information identified must be substantiated in the faculty file.

This sheet must be updated at least annually.)

|  |  |
| --- | --- |
| Name of Employee: |  |
| Name of Institution: |  |
| City & State: |  |

# CURRENT POSITION:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Position title as listed on signed job description(s): |  | | | | |
| Date of employment by this institution: |  | Full-Time |  | Part-Time |  |
| Date of first day of instruction:  (if different from first day of employment) |  | | | | |
| Date of 30-day evaluation: |  | | | | |

# EDUCATIONAL BACKGROUND:

List all post-secondary education, beginning with the most recent:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME OF INSTITUTION | LOCATION  (city/state) | MAJOR | DEGREE | DATE CONFERRED |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# CERTIFICATIONS/LICENSURE:

List all current certification or license, if applicable:

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF CERTIFICATION/LICENSE | NAME OF ISSUING BODY | DATE ISSUED | EXPIRATION DATE |
|  |  |  |  |
|  |  |  |  |

# PROFESSIONAL EXPERIENCE:

(Start with position held immediately prior to present one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME OF ORGANIZATION | TITLE | NATURE OF DUTIES | DATES | |
| FROM | TO |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# TRAINING SESSIONS ATTENDED RELATED TO EFFECTIVE TEACHING\* (during last 12 months):

|  |  |  |  |
| --- | --- | --- | --- |
| NAME(S) OF PRESENTER/ DELIVERING ORGANIZATION | TOPIC(S)\* | LOCATION | DATE ATTENDED/ COMPLETED |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*Formerly known as in-service trainings.

# PROFESSIONAL EDUCATIONAL DEVELOPMENT (during last 12 months):

|  |  |  |  |
| --- | --- | --- | --- |
| ACTIVITY\* | TITLE/TOPIC/COURSE | DATE(S) | LOCATION |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*Professional development activities may include, but are not limited to, programs/courses of continuing education, membership and participation in professional organizations, participation in field-related workshops or seminars, and/or subscription to relevant periodicals or journals.

# CURRENT EDUCATIONAL RESPONSIBILITIES:

|  |  |
| --- | --- |
| List all courses in the program(s) the instructor has been determined qualified to instruct (using course code): |  |
| List number of hours instructing this term: |  |
| List courses instructing this term: |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| SIGNATURE OF FACULTY MEMBER |  | DATE |