

FORM 3000 - INSTRUCTOR RECORD OF QUALIFICATIONS

FEE \$50

SBPCE Rules and Regulations, Section XIV

(Lines will expand as needed)

NAME OF INSTRUCTOR	
--------------------	--

DATE EMPLOYED AS INSTRUCTOR		FIRST DATE IN CLASS	
-----------------------------	--	---------------------	--

NAME OF SCHOOL	
----------------	--

ADDRESS (LOCATION)	
--------------------	--

CITY		STATE		ZIP	
------	--	-------	--	-----	--

LIST THE PROGRAM(S) OR COURSE(S) AS LICENSED, IF MORE APPROPRIATE, IN WHICH THIS INSTRUCTOR WILL BE TEACHING:

Arkansas Code Annotated § 6-51-601 et.seq. and Regulations require that instructors shall be qualified by meeting one of the following options. Attach a **copy of the appropriate certification, license or rating** for the instructor if the occupation requires it.

Check only ONE (1) option by which the instructor is qualified to teach in the program or course(s) as listed above.

<input type="checkbox"/>	(1)		Hold not less than a baccalaureate degree in a field directly related to the program(s) in which teaching. (ATTACH TRANSCRIPT)
<input type="checkbox"/>	(2)	(a)	Hold not less than a baccalaureate degree in a field NOT directly related to the program(s) in which teaching. (ATTACH TRANSCRIPT) and
		(b)	Have not less than 15 semester hours or equivalent directly related to the program(s) in which teaching. (ATTACH TRANSCRIPT WITH THE 15 HOURS HIGHLIGHTED)
<input type="checkbox"/>	(3)	(a)	Hold not less than a baccalaureate degree in a field NOT directly related to the program(s) in which teaching. (ATTACH TRANSCRIPT) and
		(b)	Have one (1) year of on-the-job training directly related to the program(s) in which teaching.
<input type="checkbox"/>	(4)	(a)	Hold not less than an associate degree in a field directly related to the program(s) in which teaching. (ATTACH TRANSCRIPT) and
		(b)	Have one (1) year of on-the-job training directly related to the program(s) in which teaching.
<input type="checkbox"/>	(5)	(a)	Hold not less than an associate degree NOT directly related to the program(s) in which teaching. (ATTACH TRANSCRIPT) and

		(b)	Have two (2) years of on-the-job training directly related to the program(s) in which teaching.
<input type="checkbox"/>	(6)	(a)	Hold not less than a high school diploma or GED. (ATTACH TRANSCRIPT, DIPLOMA, OR GED CERTIFICATE) and
		(b)	Have completed a program(s) of instruction at a recognized school in a field directly related to the program(s) in which teaching. (ATTACH A COPY OF THE CERTIFICATE SHOWING COMPLETION OF PROGRAM) and
		(c)	Have three (3) years of on-the-job training directly related to the program(s) in which teaching.
<input type="checkbox"/>	(7)	(a)	Hold not less than a high school diploma or GED. (ATTACH TRANSCRIPT, DIPLOMA, OR GED CERTIFICATE) and
		(b)	Have seven (7) years of on-the-job training directly related to the program(s) in which teaching.

EXPERIENCE THAT INCLUDES TEACHING, TRAINING, CLINICALS, INTERNSHIPS, EXTERNSHIPS, OR INSTRUCTING WILL NOT BE CONSIDERED AS WORK EXPERIENCE. LIST ALL PRIOR WORK HISTORY BEGINNING WITH THE MOST RECENT EXPERIENCES THAT ARE RELATED TO THE PROGRAM TEACHING.

PLACE OF EMPLOYMENT					
ADDRESS (LOCATION)					
CITY	STATE	ZIP	PHONE NUMBER		
NAME UNDER WHICH EMPLOYED	START DATE (MM/YYYY)	END DATE (MM/YYYY)			
TITLE OF POSITION HELD	Supervisor's Name				
DESCRIBE WORK EXPERIENCE AS RELATED TO PROGRAM BEING PRESENTED					

PLACE OF EMPLOYMENT					
ADDRESS (LOCATION)					
CITY	STATE	ZIP	PHONE NUMBER		
NAME UNDER WHICH EMPLOYED	START DATE (MM/YYYY)	END DATE (MM/YYYY)			
TITLE OF POSITION HELD	Supervisor's Name				
DESCRIBE WORK EXPERIENCE AS RELATED TO PROGRAM BEING PRESENTED					

PLACE OF EMPLOYMENT					
ADDRESS (LOCATION)					
CITY	STATE	ZIP	PHONE NUMBER		

NAME UNDER WHICH EMPLOYED		START DATE (MM/YYYY)		END DATE (MM/YYYY)	
---------------------------	--	----------------------	--	--------------------	--

TITLE OF POSITION HELD		Supervisor's Name	
------------------------	--	-------------------	--

DESCRIBE WORK EXPERIENCE AS RELATED TO PROGRAM BEING PRESENTED	
--	--

PLACE OF EMPLOYMENT	
---------------------	--

ADDRESS (LOCATION)	
--------------------	--

CITY		STATE		ZIP		PHONE NUMBER	
------	--	-------	--	-----	--	--------------	--

NAME UNDER WHICH EMPLOYED		START DATE (MM/YYYY)		END DATE (MM/YYYY)	
---------------------------	--	----------------------	--	--------------------	--

TITLE OF POSITION HELD		Supervisor's Name	
------------------------	--	-------------------	--

DESCRIBE WORK EXPERIENCE AS RELATED TO PROGRAM BEING PRESENTED	
--	--

PLACE OF EMPLOYMENT	
---------------------	--

ADDRESS (LOCATION)	
--------------------	--

CITY		STATE		ZIP		PHONE NUMBER	
------	--	-------	--	-----	--	--------------	--

NAME UNDER WHICH EMPLOYED		START DATE (MM/YYYY)		END DATE (MM/YYYY)	
---------------------------	--	----------------------	--	--------------------	--

TITLE OF POSITION HELD		Supervisor's Name	
------------------------	--	-------------------	--

DESCRIBE WORK EXPERIENCE AS RELATED TO PROGRAM BEING PRESENTED	
--	--

PLACE OF EMPLOYMENT	
---------------------	--

ADDRESS (LOCATION)	
--------------------	--

CITY		STATE		ZIP		PHONE NUMBER	
------	--	-------	--	-----	--	--------------	--

NAME UNDER WHICH EMPLOYED		START DATE (MM/YYYY)		END DATE (MM/YYYY)	
---------------------------	--	----------------------	--	--------------------	--

TITLE OF POSITION HELD		Supervisor's Name	
------------------------	--	-------------------	--

DESCRIBE WORK EXPERIENCE AS RELATED TO PROGRAM BEING PRESENTED	
--	--

PLACE OF EMPLOYMENT	
---------------------	--

ADDRESS (LOCATION)							
CITY		STATE		ZIP		PHONE NUMBER	
NAME UNDER WHICH EMPLOYED				START DATE (MM/YYYY)		END DATE (MM/YYYY)	
TITLE OF POSITION HELD					Supervisor's Name		
DESCRIBE WORK EXPERIENCE AS RELATED TO PROGRAM BEING PRESENTED							

STATEMENT OF COMPLIANCE

Under penalty of perjury, I declare and affirm that the statements made on this form, including any attached sheets, are true, complete, and accurate.

Printed Name of Official		Title	
Signature of Official		Date	
Printed Name of Instructor		Title	
Signature of Instructor		Date	