

PLEASE TYPE ALL INFORMATION

EDUCATION AND TRAINING PROVIDER NAME:

**INSTRUCTOR QUALIFICATIONS FORM**

Individuals must have a minimum of two years of teaching/training delivery and/or vast knowledge in the subject area in order to apply.

Instructor Name:

Instructor Address:

Instructor Telephone No.: Work: ( )

Home: ( )

Cell: ( )

**Degrees and Certifications** (List all degrees/credentials/certifications relevant to course work/training to be delivered which are held by the instructor):

**Credentialed Alcoholism and Substance Abuse Counselor (CASAC) #**

**Credentialed Prevention Professional (CPP) #**

**Credentialed Prevention Specialist (CPS) #**

**Credentialed Problem Gambling Counselor (CPGC) #**

**Other:**

**Work Experience** (List the instructors work experience relevant to the training/course work to be delivered):

**Training Experience:** Document teachings/trainings, relevant to this course work/training, which have been delivered over the past two years to include: total number of hours of delivery for each; title of trainings delivered/courses taught; location of training deliveries/courses taught and references/contact information for verification of training delivery. Also, if possible, please include letter of reference verifying training(s) delivered.

Other Qualifications (to include information relative to vast knowledge of subject/content area):