

FORM 3200 - WORK HISTORY FOR INSTRUCTOR QUALIFICATIONS

No Fee

A resume **MAY NOT** be substituted for this form

(Lines will expand as needed)

NAME OF INSTRUCTOR	
NAME OF SCHOOL	

EXPERIENCE THAT INCLUDES TEACHING, TRAINING, CLINICALS, INTERNSHIPS, EXTERNSHIPS, OR INSTRUCTING WILL NOT BE CONSIDERED AS WORK EXPERIENCE. USE ADDITIONAL FORM 3200 - WORK HISTORY SHEETS AS NEEDED. LIST ALL PRIOR WORK HISTORY BEGINNING WITH THE MOST RECENT EXPERIENCE.

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							

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TITLE OF POSITION HELD				Supervisor's Name			
DESCRIBE WORK EXPERIENCE AS RELATED TO PROGRAM BEING PRESENTED							

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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 Instructor	Signature of Instructor (Sign in Blue Ink)	Date	