

Annual Instructor Qualification Form

The instructor will need to complete this form annually. Please attach documentation, such as your resume, to support information you provide on this form that will verify your qualifications. Use additional space as necessary to explain any answers.

Instructor Name:

Address:

Email address:

Telephone number(s):

Name of course developer:

Name of course(s) you teach:

Full time: _____ Part time: _____

How many students are you typically supporting for this provider?

I. Instructor Information:

Describe your education and experience that qualifies you as a subject matter expert for the course(s) you teach?

Describe your previous experience in professional education.

List the jurisdictions in which you are approved to teach courses.

Please let us know of your experience with distance education both as a student and as an instructor.

List any other qualifications you have for teaching distance education. For example, list any workshops you have completed or any specialized training that qualifies you to offer this distance education course.

Has the course developer given you a manual to help you understand your role as an instructor for this course? _____ Yes _____ No. If not, please ask for one and review it.

Please describe your role as an instructor for this course.

By submitting this application, I hereby attest that all information contained in this form is true and correct and that I have read and am familiar with the ARELLO® Distance Education Standards and Policies and Procedures. I also attest that I have reviewed the course for which I am applying to be its instructor. I understand that providing any inaccurate information on this form will disqualify me from having any courses certified by ARELLO® or from being an instructor for any ARELLO® certified course. ARELLO® reserves the right to make contacts as necessary to verify your qualifications.