Instructor Information for Re-Certification/Registration

Instructors – please fill out these two pages below and submit to admin@ikcfaculty.us with Instructor Re-certification Form in the subject header. Print/Scan back this form or ask to be sent it as a Word doc to fill out.

| Name _ | | | | |
|-------------------------------|--|-------------------------|----------------|---------------|
| Address | Di | City | St | Zip Code |
| Phone (hm) Email | rı | ione (cell) | | |
| Current Instru | r Life Member of ctor Contract sig I a Resume to the | ned and on file | with faculty | ? Yes No |
| Date of Instruc | tor Training Woi | rkshop(s) (mon etor: | • | |
| | T , | ctor: | | |
| others | Update/ Proficien Instructor: | _ | • | |
| | _ Instructor: | | | |
| | Instructor: | | | |
| Class: | | Faculty | : | _Date: |
| In the past 3 ye attended: | <u>ars</u> – please list T | FHKA Annua | l conferences | that you have |
| Year | Location | l | | |
| Year | Location | | | |
| | Conferences: Title | | | |
| Talks given at C | Conferences: Title | | #h | ours |
| How many stud (List below) | lents have you ta | ught TFH 1 – 4 | to in the last | t 3 years? |
| ` ' | Date: | # of students | registered | |
| | Date: | | - | |
| | Date: | | | |
| | Date: | | | |
| Class | Date: | # of students | registered | |
| Class | Date | # of students | registered | |