SPC
CORPORATE
TRAINING

Licensed Professions Instructor Information Form

Name:			Date:
Street Address:			
Phone Number(s) – Day:	Evening:		Cell:
Email Address:			Certifications:
College Degrees Earned: ☐ AS/AA ☐ BS/BA ☐ MS/MA ☐ PhD			

Please list topics that you are qualified to Teach and/or Design and any other areas of expertise: *Indicate a T for Teaching or D for Design.*

T or D	***Topic***

When are you available to provide instructional services?

☐ Week Days ☐ Week Day Evenings ☐ Weekends ☐ Online