



Faculty Qualification Record

Title of Presentation _____

Name of Presenter _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ FAX (_____) _____

EMAIL _____

Credentials (list all degrees and certifications earned) _____

Field of Specialization _____

Current Position and Title _____

Place of Employment _____

Qualification for presenting session content, including publications or previous seminars conducted, if pertinent.

Your cooperation in complying with these guidelines is appreciated. Please return this form by _____ (due date) to _____ (name and contact info).