

COMMONWEALTH OF PENNSYLVANIA – DEPARTMENT OF EDUCATION

FACULTY DATA SHEET

PDE 5007 (1/00)

NAME		PROFESSIONAL TITLE	
FULL TIME EMPLOYER		AREA CODE AND TELEPHONE	
ADDRESS (STREET, CITY, STATE) ZIP CODE		E-MAIL ADDRESS	
PART TIME EMPLOYER			
DEGREE	DATE RECEIVED	INSTITUTION	FIELD OF STUDY
<input type="checkbox"/> BACHELOR'S			
<input type="checkbox"/> MASTER'S			
<input type="checkbox"/> DOCTORAL			
<input type="checkbox"/> OTHER DEGREES, CERTIFICATES OR LICENSES			
TEACHING EXPERIENCE (Years at each level, including current position):			
HIGHER EDUCATION	SECONDARY EDUCATION	ELEMENTARY EDUCATION	
COLLEGES AND YEARS WHERE INSTRUCTOR HAS TAUGHT			
SCHOOLS AND YEARS WHERE INSTRUCTOR HAS TAUGHT			
RECENT EXPERIENCE RELATED TO THIS COURSE PROPOSAL			
TITLE OF THIS CONTINUING PROFESSIONAL EDUCATION COURSE			
SIGNATURE		DATE	