

**NEW YORK STATE EDUCATION DEPARTMENT  
INSTRUCTOR QUALIFICATIONS FORM  
SCHOOL VIOLENCE PREVENTION AND INTERVENTION**

**INSTRUCTIONS:** A completed form is required for each proposed instructor with information specific to his/her training and/or experience that is relevant to teaching a course or providing training in school violence prevention and intervention. After initial approval, continue to update instructor information as new instructors are added.

Instructor's Name: \_\_\_\_\_

Current employment title: \_\_\_\_\_

Name, address, and phone of current employer: \_\_\_\_\_

E-Mail \_\_\_\_\_

**EDUCATIONAL PREPARATION:**

Institution Name	City/State	Degree Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NEW YORK STATE LICENSE/CERTIFICATE (Not Required):**

Professional Area	License/Certificate Number
_____	_____

**Please provide a brief description of any professional experience in school violence prevention and intervention training. Please include courses/trainings attended or taught in the area of violence prevention and intervention. (Use additional Sheets if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach a course outline or syllabus**