

School Name: _____

Academic ICPE Name: _____

School Ref. # _____

Date: _____

Standard II - Instructor Information Review Table

Table is to be completed by the Academic

| Instructor Name | License Type(s) | License Number(s) | Date of Hire | Total Continuing Education Hours & Year Earned | CE in Teaching Methodology Hours & Year Earned | Date Performance Evaluation Completed |
|-----------------|-----------------|-------------------|--------------|--|--|---------------------------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
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| 9. | | | | | | |
| 10. | | | | | | |