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**Curriculum Development and Education Experience Worksheet**

Please electronically complete the information below in order to assist in assessing your experience in curriculum development.

**Program Name**:       **Program Number**:

**Personnel Name**:

**Personnel Position Title**:

**Academic Degree in a Major Related to Education:**

[ ]  Yes Details:

[ ]  No

**College/University Credit Course(s) related to Curriculum Development or Instructional Methodologies:**

[ ]  Yes Details:

[ ]  No

**Internal Educational Development Offerings:**

[ ]  Yes Details:

[ ]  No

**External Professional Continuing Education (conferences, seminars, etc.):**

[ ]  Yes Details:

[ ]  No

**New Course Development:**

[ ]  Yes Details:

[ ]  No

**Experience in Evaluation and Assessment:**

[ ]  Yes Explain:

[ ]  No

**If you answered “no” to any of the above, please explain how information and training in these qualification areas will be provided:**