



Accreditation Council for International  
Educational Institutions

**STAFF AND FACULTY DATA**

NAME OF EMPLOYEE

DATE OF EMPLOYMENT

PHONE NUMBER

E-MAIL

JOB TITLE(S)

Full-Time

Part-Time

Hourly

By Project

**EDUCATION**

List all college/university education, beginning with the most recent.

Name of Institution	Location	Major	Degree and Date Received	Dates Attended

**CERTIFICATE/LICENSE**

List any certificate(s) or license(s) now held.

Name of Certificate/License	Name of Provider	Date Received	Expiration Date



**WHAT PERCENTAGE OF YOUR WORKING TIME HAS BEEN  
SPENT DURING THE PAST 2 YEARS IN:**

Teaching\_\_\_\_\_ Supervising\_\_\_\_\_ Administrating\_\_\_\_\_  
Counseling\_\_\_\_\_ Field Work\_\_\_\_\_ Other (Explain)\_\_\_\_\_

**ADMINISTRATORS**

**PROFESSIONAL DEVELOPMENTS:**

Faculty should all have faculty development plans with supporting documentation in their personnel files.

- ❖ Names, dates, and locations of methods courses or workshops attended in the past five years.
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
- ❖ Names, dates, and locations of conventions or educational meetings attended during the past five years.
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
- ❖ Organization and/or professional association, in which you now hold membership.
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
- ❖ List visits made to prospective employers of your students, businesses, other schools, and/or related organizations during the past two years.

I certify that to the best of my knowledge, the information furnished in this application is true and complete. I agree that if such information, or any other information upon which my admission is based, is not true or complete, the ACIEI may rescind my employment. I further agree that, if admitted, I will abide by the rules and regulations of the ACIEI including, but not limited to, those rules contained in the current ACIEI catalog and Faculty Handbook. I understand that all official documents submitted for admission consideration become the property of the ACIEI and will not be forwarded to another institution/organization nor returned to me. I also understand that acceptance to ACIEI is subject to verification of final records from all institutions/organization I have attended and worked.

**PUBLISHING PERMISSION:** I do hereby grant my permission for ACIEI to publish my name and credentials in ACIEI’s catalog, website, and other ACIEI publications.

**“The Data Sheet should be updated annually.”**

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Name Position

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Phone Number E-Mail

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Signature Date