

**Accreditation Commission for Homeopathic Education in North America  
(ACHENA)**

**INSTRUCTIONAL PERSONNEL FORM**  
**Form must be typed or legibly written**

Name of School \_\_\_\_\_

Name of Employee \_\_\_\_\_

Positions/Titles \_\_\_\_\_

Date Hired \_\_\_\_\_ Number of hours employed per week \_\_\_\_\_

Position is considered: Salaried \_\_\_\_\_ Hourly X FT \_\_\_\_\_ PT X

Subjects Taught \_\_\_\_\_

Other Responsibilities \_\_\_\_\_

**Education**

Name of School	Area of Study	Dates Attended	Degree/Certificate

**Specialized Training** (Especially in areas of teaching. Include specific training in teaching methods.)

Name of Program	Area of Study	Dates Attended

**Licenses, Registrations, Certifications**


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Continuing Education (For past 2 years - include self-development activities)

Name of Program	Area of Study	Presented By	Dates Attended

Experience (Related to your current position with the school)

Job Title	With Whom	Dates Employed

Professional Affiliations


Special Recognition and Awards


Please complete this form in its entirety. A resume may be attached as a supplement, but should not be submitted in lieu of completing this document. Attach additional pages if more space is required.