



Instructor History Form

Instructors: Please complete this form each time you teach a NAMB-approved course. Forward this form, along with the course evaluations and roster to: NAMB, c/o Education Department, 7900 Westpark Dr, Ste T-309, McLean, VA 22102.

Instructor's name: _____ **Class Location:** _____

Course: _____

Please provide the following information:

Date instructor sat in class as a student: _____ Location: _____

Date you team-taught: _____

Name of team instructor: _____

Has evaluation been completed by a Master Certified Instructor? (Circle one) YES NO

Evaluation results: (Circle one) FAIR AVERAGE EXCELLENT

Additional Information:

History of classes taught:

Please provide the following information:

	<u>Course</u>	<u>Date</u>	<u>Location</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

EDUCATION CHAIRPERSON

DATE

MASTER CERTIFIED INSTRUCTOR

DATE

This form is to be completed by the Instructor, EACH time he or she teaches a course. Then the form should be submitted to the State Education Chairperson for approval and submission to:

**NAMB
National Association of Mortgage Brokers
7900 Westpark Dr, Ste T-309**

McLean, VA 22102
703/432-5900 Fax: 703/610-9005