



Criterion Referenced Cut Score Workshops Subject Matter Expert – Selection Checklist

Workshop Area(s) for
Consideration:

Contact Information

Name: _____

Title: _____

Home Address: _____

Work Address: _____

Home Phone: _____

Work Phone: _____

Email: _____

Fax: _____

Subject Matter Expertise

Content Area(s) of Expertise: _____

Related experience in Business or Industry (attach current resume if preferred):

Job Title	Company	Years Worked
_____	_____	_____
_____	_____	_____
_____	_____	_____

Related experience in Education/Teaching (attach current resume if preferred):

Job Title	School	Years Worked
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education

Industry Training (e.g., professional development, continuing education):

Date(s)	Description
---------	-------------

Industry Certifications:

Association Memberships:

Formal Education:

Degree Title/Major	Degree Level (e.g., A.A, B.A)
--------------------	----------------------------------

COMMENTS:

Selected ___ (Send email, NOCTI Service Contract, and ID Number)

Not Selected___ Because_____ Date:___/___/_____