**Science-Based Engineering Programs Evaluators Sheet**

**Professional Profile**

Mark with an “X” the area to which you are applying as evaluator peer (add rows if necessary).

|  |  |
| --- | --- |
|  | **Program Levels** |
| **Engineering Area** | **Professional** | **Master** |
| Civil |  |  |
| Mechanical |  |  |
| Electrical |  |  |
| Environmental |  |  |
| Mining |  |  |
| Metallurgy |  |  |
| Forestry |  |  |
| Natural Resources |  |  |
| Food |  |  |
| Agronomic |  |  |
| Other |  |  |

**Instructions**

Once the requested background is completed, send this document by email. Also, attach a copy of your resume and image of titles and degrees to the email. Any questions regarding the filling of the data can be made to the email [evaluadores@acreditaci.cl](http://evaluadores@acreditaci.cl)

**1. PERSONAL INFORMATION**

**1.a) Personal background.** Attach copy of Identity Document

|  |  |
| --- | --- |
| Name |   |
| Last Name |   |
| 2nd Last Name |   |
| Birth Date |  |
| ID |   |
| Nationality |   |
| Address |   |
| Phone Number |  |
| City |   |
| Region / State |  |
| Email |   |
| Languages level (oral, writing, reading) |  |

**2. EMPLOYMENT HISTORY. Main work activity**

(Add more tables in case there is more than one institution involved)

|  |  |
| --- | --- |
| Current Institution |   |
| Dependent Function |  |
| Independent Function |  |
| Time |   |
| Dedication in weekly hours |   |
| Address |  |
| City |  |
| Region / State |  |
| Country |  |
| Telephone number |  |

**3. EDUCATION**

**3.a) Academic** Attach a simple copy of titles, degrees, diplomas.

|  |  |  |  |
| --- | --- | --- | --- |
| **Titles / Degrees / Diplomas** | **Institution** | **Country** | **Year** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

**3.b) Areas of Specialization in the discipline or Lines of Research and / or Teaching**

|  |  |
| --- | --- |
| **Knowledge Area** | **Lines of Research and / or Teaching** |
|  |  |
|  |  |
|  |  |

**4. EXPERIENCE**

**4.a) Management in Higher Education**.

|  |  |  |
| --- | --- | --- |
| **Charge** | **Institution** | **Since - To** |
|   |   |   |
|   |   |   |
|   |   |   |

**4.b) Academic / Teaching Activity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution** | **Program** | **Subject** | **Type of Contract** | **Since - To** |
|   |   |   |  |  |
|   |   |   |  |  |
|   |   |   |  |  |

**4.c) Dependent / Independent Professional Practice in the last 10 years**

|  |  |  |
| --- | --- | --- |
| **Function** | **Institution** | **Since – To**  |
|   |   |   |
|   |   |   |
|   |   |   |

**4.d) Dependent personnel** Indicate the approximate number of people in charge

|  |  |
| --- | --- |
| **Institution** | **Number of people in charge** |
|   |   |
|   |   |
|   |   |

**5. TRAYECTORY**

**5.a) Projects in the last 10 years**

|  |  |  |  |
| --- | --- | --- | --- |
| **Function Developed** | **Name of Projects** | **Funding Source** | **Years** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

**5.b) Publications** The most important ones related to the area of knowledge if appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Publication Name** | **Name journal / book** | **Indexed (Yes / No)** | **Years** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

**5.c) Acknowledgments and / or prizes**

|  |  |  |
| --- | --- | --- |
| **Name acknowledgment and / or prize** | **Institution that grants** | **Year** |
|  |  |  |
|  |  |  |

**5.d) Link with your area of knowledge** (Internships / Congresses / Seminars / Union Participation)

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity name** | **Country / city** | **Type of participation** | **Date**  |
|   |   |  |  |
|   |   |  |  |

**6. ACCREDITATION EXPERIENCE / KNOWLEDGE IN QUALITY ASSURANCE**

**6.a) Experience as an Evaluator Peer (National or International) or Councelor**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Role(Evaluator: Chair, Member; Councelor: Chair, Member)** | **Agency** | **Type (Institutional, programs)** | **Institution** | **Program** | **Year** |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

**6.b) Self-evaluation participation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role /Function (Committee Member or Process Chair)** | **Type (Institutional, programs)** | **Institution** | **Program**  | **Year** |
|   |   |   |   |   |
|   |   |   |   |   |

**6.c) Quality Assurance workshops or training** Attach certificates.

|  |  |  |  |
| --- | --- | --- | --- |
| **Nambe course / workshop** | **Institution** | **Number of hours** | **Date** |
|   |   |   |   |
|   |   |   |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Form update date (mm/dd/yyyy) |  |  |  |