



**ONLINE FACULTY DEVELOPMENT COURSE**  
***Fundamentals of Light and Lasers***

**Dr./Mr./Mrs./Ms.** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail (required):** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**Please list any courses you are currently teaching:**

**Please provide a summary of your educational and teaching credentials.**

***Please sign and date below. By signing below you are certifying the information on this application is accurate.***

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# **FACULTY DEVELOPMENT COURSE APPLICATION**

**SCAN completed application and email to: [op-tec@op-tec.org](mailto:op-tec@op-tec.org)**

**- OR -**

**MAIL completed application to:**

OP-TEC: National Center for Optics and Photonics Education  
324B Kelly Drive  
Waco, TX 76710

**Application Status Notification:**

You will be updated with the status of your application by e-mail. If you have any questions regarding the status of your application, please contact [op-tec@op-tec.org](mailto:op-tec@op-tec.org).

**Participant Packets:**

Upon acceptance to participate in the course, you will receive additional course information and materials.

**For more information or questions about applications, please contact 254-751-9000 or e-mail [op-tec@op-tec.org](mailto:op-tec@op-tec.org).**

**OP-TEC Contact Information:**

OP-TEC: National Center for Optics and Photonics Education  
324B Kelly Drive  
Waco, TX 76710  
Phone: 254-751-9000  
E-mail: [op-tec@op-tec.org](mailto:op-tec@op-tec.org)  
Web: [www.op-tec.org](http://www.op-tec.org)