

REDWOODS COMMUNITY COLLEGE DISTRICT

Application for Dual Enrollment Faculty Qualifications

Minimum Qualifications

Note: This form **will not be accepted** if handwritten; it must be completed and printed.

D Applying for Minimum Qualifications (Application submitted to Dean/Director)

D Applying for Emergency Equivalency to the Minimum Qualifications (Application submitted to Dean/Director)

General Information

| | |
|----------------------------|--|
| Name of Applicant – | Date |
| *Discipline – | 1st Semester – of Intended Instruction |

- Disciplines to be listed as per ***Minimum Qualifications for Faculty and Administrators in California Community Colleges*** (January 2015).

| Degrees/Other | Discipline | Institution | Date |
|---------------------------|------------|-------------|-------------------|
| Associate of Arts/Science | | | |
| Bachelor of Arts/Science | | | |
| Master of Arts/Science | | | |
| Doctorate | | | |
| Additional Education | | | |
| Credential/License | | | (expiration date) |

As required by Discipline

| Professional Experience | Employer | Dates | Title/Duties |
|-------------------------|----------|-------|--------------|
| | | | |

All supporting documentation must be attached to the application, *including transcripts, résumés, and/or any relevant certificates or licenses, and proof of employment as needed.*

For the purpose of emergency equivalencies, the applicant will explain in detail in a **separate** document how the qualifications and or experience listed above are an equivalent preparation to the established qualifications as determined by ***Minimum Qualifications for Faculty and Administrators in California Community Colleges*** (January 2015). Advice on Presenting an Equivalency Argument can be found in CR's Outlook Public Folders>All Public Folders>Faculty Qualifications.

Applicant's name: _____

D I do support this application.

D I do not support this application.

I have reviewed this application packet. I believe the applicant has:

D the **minimum qualifications** to teach the discipline listed above.

D the qualifications for an **emergency equivalency** to minimum qualifications to teach the discipline listed above.

Dean/Director

Date

Print Name

D I do not support this application.

I have reviewed this application packet. I believe the applicant has:

D the **minimum qualifications** to teach the discipline listed above.

D the qualifications for an **emergency equivalency** to minimum qualifications to teach the discipline listed above.

Chief Instructional Officer

Date

Applicant's checklist for Minimum Qualifications

- ☐ Application for Minimum Qualifications
- ☐ Transcripts
- ☐ Résumés
- ☐ Letters of Reference
- ☐ Proof of employment for educational/professional experience
- ☐ Relevant certificates or licenses

For use by FQC only

Minimum Qualifications

- | | | |
|--|---|------------|
| <input type="checkbox"/> Chief Instructional Officer Approval | <input type="checkbox"/> CIO Denial | Date _____ |
| <input type="checkbox"/> Senate Confirmation | | Date _____ |
| <input type="checkbox"/> Board Confirmation | <input type="checkbox"/> Board Non-Confirmation | Date _____ |
| <input type="checkbox"/> Human Resources Notification of Confirmation/Non-Confirmation | | Date _____ |

Emergency Equivalency to the Minimum Qualifications

- | | | |
|--|-------------------------------------|------------|
| <input type="checkbox"/> Chief Instructional Officer Approval | <input type="checkbox"/> CIO Denial | Date _____ |
| <input type="checkbox"/> Senate Confirmation | | Date _____ |
| <input type="checkbox"/> Human Resources Notification of Confirmation/Non-Confirmation | | Date _____ |
| <input type="checkbox"/> Division Chair/Director notified to begin Equivalency process | | Date _____ |
| <input type="checkbox"/> Applicant notified to begin Equivalency process | | Date _____ |

Approved 11/2/07

Revised 4/10/12 Revised 1/26/15

Revised by FQC September 2015; Approved by Senate November 2015