

REDWOODS COMMUNITY COLLEGE DISTRICT

Application for Faculty Qualifications

Minimum Qualifications

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

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

☐ **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, CR application for employment, 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.

Approved 11/2/07

Revised 4/10/12

Revised 1/26/15

Applicant's name: _____

☐ I do support this application.

☐ I do not support this application.

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

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

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

Dean/Director

Date

Print Name

☐ I do not support this application.

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

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

☐ 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
- ☐ CR Application for Employment
- ☐ 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 _____ |