

REDWOODS COMMUNITY COLLEGE DISTRICT

Application for Faculty Qualifications
Equivalency to the Minimum Qualifications

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

General Information

Name of Applicant	Date
*Discipline	1 st 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 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 have included a letter of clarification supporting my decision for approval or denial of this application.

☐ **I do not support this application.**

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

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

Signature of Subject-Matter Expert

Date

Print Name

☐ **I do not support this application.**

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

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

Dean/Director

Date

Print Name

**Applicant's checklist for
Equivalency to the Minimum Qualifications**

- ☐ Application for Equivalency to the Minimum Qualifications
- ☐ CR Application for Employment
- ☐ Transcripts
- ☐ Letter to equate qualifications and experience listed in application to Equivalency to Minimum Qualifications
- ☐ Résumés
- ☐ Letters of Reference
- ☐ Proof of employment for educational/professional experience
- ☐ Relevant certificates or licenses
- ☐ Subject-Matter Expert letter of clarification and support of decision for approval or denial of this application

For use by FQC only

- | | | |
|--|---|-----------------|
| <input type="checkbox"/> FCQ Approval | <input type="checkbox"/> FCQ Denial | Date 5/12/2023_ |
| <input type="checkbox"/> Senate Approval | <input type="checkbox"/> Senate Denial | Date _____ |
| <input type="checkbox"/> Board Confirmation | <input type="checkbox"/> Board Non-Confirmation | Date _____ |
| <input type="checkbox"/> Human Resources Notification of Confirmation/Non-Confirmation | | Date _____ |