DISTANCE EDUCATION INTENT TO TEACH

NAME:		_ DATE:
DISCIPLINE:	DEPARTMENT:	
E-MAIL:	РНО	NE:
Section 1, 2 & 3 requirements n	nust be met prior to forwarding this c	locument to your department chair
training course. Please fill in the table completion.	ctors wishing to be approved to teach online below to document the training completed	d and attach/upload certificate(s) of
(NOTE: This requirement can be met Introduction to Teaching with [camp	t by completing an LMS instructor training us LMS1 offered by @One.)	course hosted through Lynda.com or the
Training	Hosted By	Date Completed
@One.)	t by completing the Introduction to Online	
Course	Hosted By	Date Completed
Section 3. CREATING ACCESSIB	BILE ONLINE COURSES: At a minimur	n you must verify completion of a course
	online courses. Please fill in the box below	with training information and
attach/upload certificate(s) of comple		
	t by completing the Creating Accessible On	
Course	Hosted By	Date Completed

ETC Approved: 10.26.2016

Course	Hosteu by	Semester and Tear
Note: it is the expectation of the ETC to online professional development activities.		h online will participate in at least one
> I attest to the accuracy and tru	thfulness of the information provide	ed:
Signature of Candidate		Date
your Department Chair ENI	DORSEMENT OF QUALIFICA	ΓΙΟΝ
The chair of the	department recommends	
Department		Faculty Name
for online teaching in provided in Sections 1-4 and all supporting		Discipline) as evidenced by the information
Department Chair		Date
Department chair: Please be sure to	get the signature of your Division	Dean

Please forward/email this document (all pages) to the CHC Distance Education Coordinator.

Date

Division Dean

ETC Approved: 10.26.2016