

Distributed Education Faculty Readiness Standards
Validation of Readiness Form

NAME _____ DATE _____

DEPARTMENT _____ TELEPHONE _____

CHC BASIC TRAINING PROGRAM

| Blackboard Training(s) | Date Taken | Facilitator |
|--------------------------|------------|-------------|
| | | |
| | | |
| | | |
| Online Pedagogy Training | Date Taken | Facilitator |
| | | |
| | | |
| Other | Date | |
| | | |
| | | |

CHC Online Teaching Certificate Granted: _____ Date: _____

ONLINE TEACHING CERTIFICATION (List courses completed, institution through which the course(s) were taken, dates, and certificate granted.)

| Course | Institution | Date completed |
|--------|-------------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Certificate Granted: _____ Date: _____

SUCCESSFUL EXPERIENCE IN ONLINE TEACHING (List all online courses you have taught and the institution through which the course(s) were offered. Also, for each course listed please attach the course outline and the course syllabus.)

| Course | Institution | Semester and Year |
|--------|-------------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

I attest to the accuracy and truthfulness of the information provided in this Statement of Qualification.

Signature of Candidate

ENDORSEMENT OF QUALIFICATION

I herewith recommend _____ for online teaching in

_____ based on evidence that he/she meets the qualifications as specified in the CHC DE plan.

Date

Signature of Division Dean