

DISTRIBUTED EDUCATION INTENT TO TEACH

NAME _____

DISCIPLINE _____ DEPARTMENT _____

E-MAIL _____ TELEPHONE _____

CHC BLACKBOARD/ONLINE TEACHER TRAINING PROGRAMS

Training	Date Taken	Facilitator

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

Course	Institution	Date completed

SUCCESSFUL ONLINE PREPARATION OR EXPERIENCE (List all online courses you have prepared and/or 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

OTHER EXPERIENCE (List any other experiences that have prepared you to teach in the online environment.)

Experience	Description	Date completed

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

Signature of Candidate

Date

Faculty: Forward to Faculty Chair