1. 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 Oualification.

Signature of Candidate

Date

Faculty: Forward to Faculty Chair

Version 2.2 Revised: March 3, 2010 Approved: March 3, 2010

ENDORSEMENT OF QUALIFICATION

The	department recommends	
Department	-	Faculty Name
for online teaching in	Discipline	based on evidence that
he/she meets the qualification	as specified in the CHC DE pla	an.
Signature of Faculty Chair		Date
Faculty Chair: Forward to E	TC Faculty Co-Chair	
ETC E	ENDORSEMENT OF QUAL	IFICATIONS
Intent to Teach Form Approv	ed by ETC	Date
Instructor Readiness Quiz Su	ccessfully Completed	Date
Hands-on Skills Demonstration	on Successfully Completed	Date
Signature of ETC Faculty C	Co-Chair	Date
ETC Faculty Co-Chair: Attac Checklist and forward to ETC		adiness Quiz and Hands-On Skills
Forwarded to Administrative	Co-Chair of ETC	Date
Posted to ETC Approved Inst	ructor List on Blackboard site	Date

Version 2.2 Revised: March 3, 2010 Approved: March 3, 2010