STATEMENT OF QUALIFICATION FOR CRAFTON HILLS COLLEGE ONLINE TEACHING

NAME		DATE	
DEPARTMENT		TELEPHONE	
CHC BASIC TRAINING PR	OGRAM		
Blackboard Training(s)	Date Taken	Facilitator	
Online Pedagogy Training	Date Taken	Facilitator	
Online Fedagogy Training	Dute Tuken	Tuchtutoi	
Other	Date		
CHC Online Teaching Certification	ate Granted:	Date:	
ONLINE TEACHING CERT were taken, dates, and certifica		s completed, institution through which the cour	se(s)
Course	Institution	Date completed	
Certificate Granted:		Date:	
	ourse(s) were offered. Also	NG (List all online courses you have taught and , for each course listed please attach the course	
Course	Institution	Semester and Year	
I attest to the accuracy and trut	hfulness of the information	provided in this Statement of Qualification.	
	Signature of	Candidate	
	ENDORSEMENT OF	QUALIFICATION	
I herewith recommend		for online teaching in	
	based on evi	dence that he/she meets the qualifications as	
specified in the CHC DE plan.			
Date	Signature of	Division Dean	