**DISTANCE EDUCATION INTENT TO TEACH**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISCIPLINE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 1, 2 & 3 requirements must be met prior to forwarding this document to your department chair**

**Section 1. LMS TRAINING:** Instructors wishing to be approved to teach online MUST complete an LMS specific training course. Please fill in the table below to document the training completed and attach/upload certificate(s) of completion.

*(NOTE: This requirement can be met by completing an LMS instructor t*[*raining course*](http://www.lynda.com/Blackboard-tutorials/Blackboard-9x-Essential-Training-Instructors/70197-2.html?srchtrk=index%3a1%0alinktypeid%3a2%0aq%3ablackboard%0apage%3a1%0as%3arelevance%0asa%3atrue%0aproducttypeid%3a2) *hosted through Lynda.com or the Introduction to Teaching with [campus LMS] offered by @One.)*

|  |  |  |
| --- | --- | --- |
| **Training** | **Hosted By** | **Date Completed** |
|  |  |  |
|  |  |  |

**Section 2. DISTANCE EDUCATION COURSE DESIGN & INSTRUCTIONAL STATEGIES:** At a minimum you must verify completion of a course focused on how to teach online. Please fill in the box below with training information and attach/upload certificate(s) of completion.

*(NOTE: This requirement can be met by completing the Introduction to Online Teaching and Learning course offered by @One.)*

|  |  |  |
| --- | --- | --- |
|  **Course** |  **Hosted By** |  **Date Completed** |
|  |  |  |
|  |  |  |

**Section 3. CREATING ACCESSIBILE ONLINE COURSES:** At a minimum you must verify completion of a course focused on how to create accessible online courses. Please fill in the box below with training information and attach/upload certificate(s) of completion.

*(NOTE: This requirement can be met by completing the Creating Accessible Online Courses offered by @One.)*

|  |  |  |
| --- | --- | --- |
|  **Course** |  **Hosted By** |  **Date Completed** |
|  |  |  |
|  |  |  |

**Section 4. ADDITIONAL ONLINE TEACHING 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 DE course syllabus. List any other experiences that have prepared you to teach in the online environment (you may add additional rows as required).

|  |  |  |
| --- | --- | --- |
| **Course** | **Hosted By** | **Semester and Year** |
|  |  |  |
|  |  |  |

**Note: it is the expectation of the ETC that all instructors approved to teach online will participate in at least one online professional development activity per academic year.**

* **I attest to the accuracy and truthfulness of the information provided:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Candidate Date**

***Please forward this completed Intent to Teach form with supporting documents attached – to your Department Chair***

**ENDORSEMENT OF QUALIFICATION**

The chair of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ department recommends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Department Faculty Name**

for online teaching in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Discipline)** as evidenced by the information provided in Sections 1-4 and all supporting documents (attached/uploaded).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **Department Chair Date**

***Department chair: Please be sure to get the signature of your Division Dean***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **Division Dean Date**

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