

**Distributed Education Faculty Readiness Standards**  
**Validation of Readiness Form**

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

DEPARTMENT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**CHC BASIC TRAINING PROGRAM**

Blackboard Training(s)	Date Taken	Facilitator
Training in Online Instruction	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 Readiness.

\_\_\_\_\_  
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