

**Central Texas College
Faculty Qualification Form**

Name: _____ CTC ID# _____ Location Code: _____

Adjunct: Full-Time:

SSN: <input type="text"/>	DOB: <input type="text"/>
For Europe and New Hires ONLY	

New Hire: Current Faculty -Additional Courses Requested:

DEGREES:

Degree	Major/Minor	Institution	Date Conferred

A faculty qualification review is conducted and submitted by the hiring department through the completion of this form per *Policy 160: Instructional Personnel-Qualifications and Approval Procedures*.

MINIMUM EDUCATION REQUIREMENTS:

_____ University parallel courses:

- Master's degree and 18 graduate semester hours in the teaching discipline.

_____ Career and technical education courses:

- Associate degree with demonstrated competencies in the teaching discipline.

_____ Developmental and English-As-A-Second-Language courses:

- Bachelor's degree in the discipline.

EDUCATION:

For the chart below, identify courses taken by the applicant related to the learning outcomes of each of the courses requested.

CTC Course Requested Rubric, Number, & Name	Related Courses Taken		
	Rubric & Number	Course Name/Credit Hours/ Institution Example: English Comp (3)/CTC	Accreditation
Rubric _____ # _____ Course Name:	Rubric _____ # _____		
Rubric _____ # _____ Course Name:	Rubric _____ # _____		
Rubric _____ # _____ Course Name:	Rubric _____ # _____		
Rubric _____ # _____ Course Name:	Rubric _____ # _____		
Rubric _____ # _____ Course Name:	Rubric _____ # _____		

WORK EXPERIENCE:

Career and technical education courses: Identify wage-earning work experience to include employers' name, dates of employment, position titles, and description of **work experience related to the competencies or learning outcomes** of the courses requested. **This experience is exclusive of teaching.**

Developmental and English-As-A-Second-Language courses: One year of discipline-related wage earning teaching **experience required.**

CTC Course Requested	Specific Qualifying Work Experience
	Employer: Dates of Employment: Position Title: Experience:
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	Employer: Dates of Employment: Position Title: Experience:

LICENSURE, CERTIFICATION, AND/OR ADDITIONAL QUALIFICATION:

Identify any licensure and/or certification required for the instructional discipline and note the applicant's attainment of same. Copied evidence should be included in the packet.

Courses Requested	Related Documentation: Licensure, Certification and/or Additional Qualifications

Additional Comments:

Signature, Hiring Department

Date

Signature, Department Chair

Date

Name: _____

Signature, Dean

Date

APPROVAL:

_____ The individual meets all the requirements per *Policy 160* and is approved to teach the course(s) listed above.

_____ The individual does not meet the requirements per *Policy 160* and is not approved due to:

_____ Lacking appropriate formal education for these courses/rubrics: _____

_____ Lacking appropriate work experience for these courses/rubrics:

_____ Lacking appropriate licensure/credentials for these courses/rubrics:

Deputy Chancellor, Academic and Student Services

Date

CTC Form 16B
Policy No. 160: Instructional Personnel – Qualification and Approval Procedures
January 2018