



FACULTY APPROVAL APPLICATION

FOR BOARD USE ONLY
Approved By: _____
Date: _____
Section: _____

INSTRUCTIONS: Please complete both front and back of this form to demonstrate compliance with Title 16, California Code of Regulations (CCR) §§ 2529 and 2584. Submit separate forms for multiple campuses or if faculty assignment is proposed for both Vocational Nurse (VN) and Psychiatric Technician (PT) programs. **ALL REQUESTED INFORMATION IS MANDATORY. FAILURE TO PROVIDE ALL INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.**

PRINT LEGIBLY IN INK

1. SCHOOL AND CAMPUS NAME	2. TYPE OF PROGRAM (check one) <input type="checkbox"/> VN PROGRAM <input type="checkbox"/> PT PROGRAM
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3. FACULTY APPLICANT FULL NAME	4. EMPLOYMENT STATUS (check one) <input type="checkbox"/> FULL - TIME <input type="checkbox"/> PART - TIME
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5. POSITION TITLE (Check only one box and complete listed sections.)

<input type="checkbox"/> Director Sections 7, 8, 9, 12, 13	<input type="checkbox"/> Assistant Director Sections 7,8, 9, 12, 13	<input type="checkbox"/> Instructor Sections 6, 7, 8, 12, 13	<input type="checkbox"/> Additional Faculty Sections 6, 10	<input type="checkbox"/> Teacher Assistant Sections 7, 11, 12
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6. TEACHING ASSIGNMENT

<input type="checkbox"/> Teaching Theory content only	<input type="checkbox"/> Teaching Both Theory and Clinical
<input type="checkbox"/> Teaching Clinical content only	<input type="checkbox"/> Substitute for Theory / Clinical

7. PROFESSIONAL LICENSE INFORMATION: (Complete all that apply and attach copy of license)

<input type="checkbox"/> RN Lic. # _____	<input type="checkbox"/> LVN Lic. # _____	<input type="checkbox"/> PT Lic. # _____	<input type="checkbox"/> Out of State (if any) # _____
Exp. Date _____	Exp. Date _____	Exp. Date _____	Exp. Date _____ State _____

8. FACULTY TEACHING QUALIFICATIONS: *SUBMIT APPLICABLE DOCUMENTS TO DEMONSTRATE COMPLIANCE WITH CCR § 2529 (VN Program); or § 2584 (PT Program). Commonly used documents appear in parentheses.*

- Teaching Course: (Certificate of Completion or School Transcript. If teaching content is unclear, a copy of the course description is required.)
- Current Active California Professional License: (Copy of License).
- Baccalaureate Degree from Accredited School, University, or College: (Copy of school transcript showing date degree conferred, or diploma verifying program completion. For documents from a foreign jurisdiction, certification of equivalency by a valid credential evaluation service is required.)
- Valid Teaching Credential: (Copy of Credential. Please note that a credential **does not** constitute proof of a teaching course.)
- Letter on Official Letterhead Verifying Applicant is Qualified to Teach in Community College or State University: (Letter from CCC or CSU.)

9. DIRECTOR AND ASSISTANT DIRECTOR COURSE REQUIREMENTS

Submit a copy of faculty applicant's certificate or transcript from an accredited institution verifying successful completion of the following courses. If the course content cannot be clearly identified, please submit a copy of the catalog course description. Required per Title 16 CCR §§ 2529 (c) (1) [VN Director Qualifications], 2529 (c) (2) [VN Assistant Director Qualifications]; 2584 (c) (1) [PT Director Qualifications], 2584 (c) (2) [PT Assistant Director qualifications].

Administration Teaching Curriculum Development

10. ADDITIONAL FACULTY ONLY

Curriculum Courses To Be Taught: *(Check all that apply)*

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Anatomy & Physiology | <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Normal Growth & Development |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Other: _____ |

- Baccalaureate Degree from Approved School, University, or College in Discipline Related to Curriculum Content Taught.
- Meets California Community College or California State University Teaching Requirements

11. RESPONSIBILITIES TEACHER ASSISTANT ONLY: *Identify the **PROPOSED TEACHING RESPONSIBILITIES** within your program.*

12. PROFESSIONAL EXPERIENCE AS AN RN OR LVN: *Include **PROFESSIONAL** experience over the last six years. **PLEASE PRINT***

FROM	TO	EMPLOYER/ADDRESS	POSITION	DUTIES

13. TEACHING EXPERIENCE: *Include **TEACHING** experience in an accredited/approved vocational/practical nursing program, psychiatric technician program, or registered nursing program over the last six years. **PLEASE PRINT***

FROM	TO	EMPLOYER/ADDRESS	POSITION	DUTIES

I HEREBY CERTIFY under penalty of perjury under the laws of the State of California that the information contained in and submitted with this application is true and correct.

Faculty Applicant's Signature: _____ Date: _____

Applicant's Email Address: **(DIRECTORS ONLY)** _____ Phone #: _____

Program Director's Name: **(Please Print)** _____

Program Director's Signature: _____

Director's Email Address: _____