



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.**

Approved By:
Date:
Section:

1. SCHOOL AND CAMPUS NAME		2. TYPE OF PROGRAM (check one) <input type="checkbox"/> VN PROGRAM <input type="checkbox"/> PT PROGRAM		
3. FACULTY APPLICANT FULL NAME		4. EMPLOYMENT STATUS (check one) <input type="checkbox"/> FULL - TIME <input type="checkbox"/> PART - TIME		
<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
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.				
<input type="checkbox"/> Teaching Course: (Certificate of Completion or School Transcript. If teaching content is unclear, a copy of the course description is required.)				
<input type="checkbox"/> Current Active California Professional License: (Copy of License).				
<input type="checkbox"/> 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.)				
<input type="checkbox"/> Valid Teaching Credential: (Copy of Credential. Please note that a credential does not constitute proof of a teaching course.)				
<input type="checkbox"/> Letter on Official Letterhead Verifying Applicant is Qualified to Teach in Community College or State University: (Letter from CCC or CSU.)				
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].				
<input type="checkbox"/> Administration		<input type="checkbox"/> Teaching		<input type="checkbox"/> Curriculum Development

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

- Anatomy & Physiology
 Pharmacology
 Normal Growth & Development
 Psychology
 Nutrition
 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

FROM	TO	EMPLOYER/ADDRESS	POSITION	DUTIES

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: _____