



Professional Qualification for Faculty/Instructors

Full Name: _____

Previous Names (if applicable): _____

Date of Birth (DOB): _____ Date: _____

- Faculty Instructor High School Instructor

E-mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name of Discipline: _____

Prefixes with in [CCNS](#) Associated with this Discipline: _____

Discipline/Programs

Please check all that apply:

- General Transfer:** Meets standards for teaching courses designed for transfer to a Baccalaureate degree (See [INST – 17](#))
 - Qualified to teach all courses in the discipline. (Please refer to [§3.1](#) of the faculty handbook).
 - Limited to the following courses in the discipline (Provide prefix, course number and course title): _____

- Career and Technical Education:** Meets the standards for CTE faculty (See [INST-10](#)). This serves as the CTE initial credential application.
 - Has passed and/or holds appropriate and current licensure for the field.

Mailing Address: Campus Box 200 | P.O. Box 173363 | Denver, CO 80217 | Fax: 303.556.4602

Professional Qualification for Faculty/Instructors

DOB: _____

Qualified to teach all courses in the discipline.

Limited to the following courses in the discipline (provide prefix, course number and course title): _____

Developmental Courses Only: Meets standards for teaching courses designed for developmental education only (bachelors, see [INST – 17](#)).

Qualified to teach all courses in math.

Limited to the following courses in the discipline (provide prefix, course number and course title): _____

Degree/Credits

The transcript must be in the discipline or subfield that the faculty member/instructor will be teaching, or there must be eighteen (18) credit hours highlighted in the appropriate field or subfield. For general education courses, these eighteen credit hours must be at the graduate level. A degree in education must always undergo a catalog or syllabus review.

#1 Degree Level: _____ Program Area: _____

Name of Institution: _____

#2 Degree Level: _____ Program Area: _____

Name of Institution: _____

#3 Degree Level: _____ Program Area: _____

Name of Institution: _____

Professional Qualification for Faculty/Instructors

DOB: _____

Other Relevant Education: _____

Name of Institution: _____

Tested Occupational Experience

- Not applicable:** This is a general education applicant who is being considered on their credentials alone.
- Occupational Experience with a Bachelor's Degree (not for health sciences):** This applicant has at minimum of a bachelor's degree and at least two thousand (2,000) hours of verified occupational experience in the discipline within the last seven (7) years. A C.V. that has been verified by the chair and dean is attached.
- Occupational Experience with an associate degree or industry license or certification (not for health sciences):** This applicant has an associate degree or industry license or certification and at least four thousand (4,000) hours of verified occupational experience in the discipline within the last seven (7) years. This experience is the equivalent of a master's degree in by evaluation. A C.V. that has been verified by the chair and dean is attached.
- Occupational Experience with no credential (not for health sciences):** This applicant must demonstrate eight thousand (8,000) hours of verified occupational experience in the discipline within the last seven (7) years. This experience is the equivalent of a master's degree in by evaluation. A C.V. that has been verified by the chair and dean is attached.
- Occupational Experience in the Health Sciences:** This applicant has the appropriate degree and at least four thousand (4,000) hours of verified occupational experience in the discipline within the last five (5) years. A C.V. that has been verified by the chair and dean is attached.

I hereby certify that all information presented in this application is correct and complete to the best of my knowledge.

Faculty/Instructor Name: _____

Faculty/Instructor Signature: _____ Date: _____

Professional Qualification for Faculty/Instructors

DOB: _____

By this signature, I verify that I have reviewed the hiring materials for this applicant and certify that they are sufficient to meet the requirements for hire as described in [INST – 17](#).

Department Chair Name: _____

Department Chair Signature: _____ Date: _____

Center Dean Name: _____

Center Dean Signature: _____ Date: _____

CTE Delegated Official Name: _____

CTE Delegated Official Signature: _____ Date: _____

Provost Name: _____

Provost Signature: _____ Date: _____