



## FACULTY APPROVAL APPLICATION

**INSTRUCTIONS:** Please complete this entire 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**

1. **School and Campus Name:** \_\_\_\_\_

2. **Type of Program (check one):**                      VN Program                      PT Program

3. **Faculty Applicant Full Name:** \_\_\_\_\_

4. **Employment Status (check one):**                      Full-Time                      Part-Time                      Substitute

5. **Position Title (Check only one box and complete listed sections):**

<b>Director</b> (Sections 7, 8, 9, 12, 13)	<b>Assistant Director</b> (Sections 7, 8, 9, 12, 13)	<b>Instructor</b> (Sections 6,7,8,12,13)	<b>Additional Faculty</b> (Sections 6, 10)	<b>Teacher Assistant</b> (Sections 7, 11, 12)
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6. **Teaching Assignment:**                      Teaching **Theory** content only                      Teaching **Both** Theory and Clinical  
                                                                          Teaching **Clinical** content only                      **Substitute** for Theory / Clinical

7. **Professional License Information (Complete all that apply and attach copy of license):**

RN Lic. # \_\_\_\_\_                      LVN Lic. # \_\_\_\_\_                      PT Lic. # \_\_\_\_\_                      Out of State (if any) # \_\_\_\_\_

Exp. date \_\_\_\_\_                      Exp. date \_\_\_\_\_                      Exp. date \_\_\_\_\_                      Exp. date \_\_\_\_\_

8. **Faculty Teaching Qualifications:** You must submit applicable documents to demonstrate compliance with CCR §2528 (VN Program or §2584 (Pt Program)). Check the applicable box(es). Commonly used documents appear in parentheses.

Teaching Course: *(Certificate of Completion from an approved school 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.)*

Minimum Qualifications for Faculty and Administrators in California Community Colleges.

1. Bachelor's degree; and two years of experience OR
2. Associate degree; and six years of experience

9. **Director and Assistant Director Course Requirements:** You must submit a copy of faculty applicant's certificate or transcript from an accredited institution verifying successful completion of the following courses; Administration; Teaching; and Curriculum Development. 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]. Check each box to ensure you attached the required documents.*

**Administration**

**Teaching**

**Curriculum Development**

**10. Additional Faculty Only**

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

Anatomy and Physiology      Pharmacology      Normal Growth and 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.

**11. Teacher Assistants 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:**

From	To	Employer/Address	Position	Duties
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**13. Teaching Experience:** Include Teaching experience in accredited/approved vocational/practical nursing program, psychiatric technician program or registered nursing program over the last **six** years.

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 #: \_\_\_\_\_

TYPE/PRINT Program Director's Name: \_\_\_\_\_

Program Director's Signature: \_\_\_\_\_

Director's Email Address: \_\_\_\_\_

**FOR BOARD USE ONLY**

**Approved By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Section:** \_\_\_\_\_