DISTANCE EDUCATION TRAINING REQUEST FORM

TO BE COMPLETED BY THE EMPLOYEE Date:_____

Faculty Name:_____ Phone Number: _____

Cuesta E-mail:_____ Division / Department:_____

Division Chair: _____ Dean: _____

I would like to be eligible to teach DE starting (Semester/Year) Fall _____ Spring _____ Summer _____

I would like to take the certification course in (Semester/Year) Fall _____ Spring _____ Summer _____

Please identify the course you will be developing: _____

What previous training or experience do you have related to teaching online, or using online technology?

_____

Faculty that are interested in becoming certified (according to the contract) must obtain Chair and Dean approval prior to taking the training. Faculty that have never taught DE before are eligible to receive compensation; faculty that are currently teaching or have taught DE previously are welcome to update their skills by taking this course but only eligible to receive flex credit.

Faculty requests 60 hours of☐ Flex Credit or ☐ Compensation

By signing below, I certify that in order to receive a certificate of completion and earn compensation/flex I must meet the design standards presented in the course, and submit a fully developed course for review to the course facilitator and/or DE Standards Subcommittee.

Faculty Signature_____ Date_____

TO BE COMPLETED BY CHAIR AND Dean OR DIRECTOR

(Faculty member must be current full-time faculty or part-time faculty with an assignment and HR paperwork completed. If not current faculty, please recommend @one training where they can complete the certification course)

Is the faculty approved to participate?

☐ Yes

☐ No, the faculty member has a pending assignment but is not yet a faculty member. Training will occur as a special projects assignment at the median 2/3 lab rate. Please contact HR to ensure proper paperwork is processed.

☐ No, I have recommended the faculty member complete certification through @one. http://onlinenetworkofeducators.org

Chair Signature _____ Date _____

Dean Signature _____ Date _____

TO BE COMPLETED BY DE STANDARDS SUBCOMMITTEE

☐ Approved to Teach Fully Online

☐ Approved to Teach Hybrid Only

☐ Approved to Teach Blended Only Date Training Completed _____

DE Standards Sub-committee Signature _____ Date _____