**Non CTE INITIAL CREDENTIAL APPLICATION FORM**

**All Campuses and Teaching Locations**

**INITIAL NEW FACULTY CREDENTIAL APPLICATION FORM**

**To be used for all newly hired faculty and instructors**

**This form may be completed electronically or hand written.**

Faculty First Name: Middle Initial: Last Name:

Previous/Other Names:

S # (not SSN) :

If you have not been issued an S# please leave blank. Do not put your SSN.

Email Address:

Street Address: City: State: Zip

Phone #: Phone # (Alternate):

Please check one of the following boxes and indicate whether you are Full-time, Part-time, or a High school instructor teaching early college/Concurrent enrollment.

 [ ] Full-time [ ] Part-time [ ] High school Instructor-Early College/Concurrent Enrollment

**EDUCATION (must be filled in, do not say “see resume”):**

| **Name of educational institution:**  | **Dates attended:** | **Certificate or degree:** |
| --- | --- | --- |
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 **APPLICANT VERIFICATION AND SIGNATURE**

I hereby certify that all information presented in this application is correct and complete to the best of my knowledge. I recognize and accept that my credential may be revoked if any of the given information or statements are false.

Applicant’s signature:

 **To be completed by Instructional Supervisor or Department Chair:**

**Program** faculty/instructor will teach in:

**Specific Course**(s) please list:

**Master’s Degree**: Is a master’s degree required to teach courses [ ] Yes [ ] No

If a master’s degree is required, and the faculty/instructors master’s degree is not in the subject area, does the faculty member have a minimum of 18 graduate semester credits in the discipline?

[ ] Yes [ ] No

If not, is the master’s degree in a directly-related field? [ ] Yes [ ] No

Please describe what makes them qualified in this specific area:

**Early College/Concurrent Enrollment.**  Is instructor a high school instructor teaching early college/concurrent enrollment [ ] Yes [ ] No

 If a high school instructor teaching at a high school please provide the name and location of the school:

**Professional Development plan:** Is the faculty/instructor participating in a professional development plan? [ ] Yes [ ] No

If yes, plan is to be attached.

 **INSTRUCTIONALSUPERVISOR’S VERIFICATION AND SIGNATURE**

I hereby have verified that the information presented and determined that the faculty/instructor is qualified to teach the courses assigned.

Supervisor’s Signature: Date:

Department Chair’s Signature: Date:

**To be completed by the Office of the Academic Liaison/Credentialing Officer**

**Teaching Credential:

The faculty/instructor has met the requirements for a credential to teach for Pueblo Community College.

Academic Liaison/Credentialing Officer:**

Date: