

**Appendix O-1**

**Application for Initial Credentialing**

Name \_\_\_\_\_ Department \_\_\_\_\_

Plan Start Date \_\_\_\_\_ Plan Completion Date \_\_\_\_\_

List the activities you have completed for each requirement. If an activity was not completed at Pensacola State College, you must include documentation describing the event. College course work must be accompanied by a transcript (copy) and course description.

I. New Faculty Orientation Date \_\_\_\_\_

List the specific training activities completed:

Training Activity

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

II. Areas Requiring Demonstration of Competence\*

A. Curriculum and Instruction

| Title or Brief Description | Clock Hours | Date  | Location (if not College) |
|----------------------------|-------------|-------|---------------------------|
| _____                      | _____       | _____ | _____                     |
| _____                      | _____       | _____ | _____                     |
| _____                      | _____       | _____ | _____                     |
| _____                      | _____       | _____ | _____                     |

B. Psychology of Learning

| Title or Brief Description | Clock Hours | Date  | Location (if not College) |
|----------------------------|-------------|-------|---------------------------|
| _____                      | _____       | _____ | _____                     |
| _____                      | _____       | _____ | _____                     |
| _____                      | _____       | _____ | _____                     |
| _____                      | _____       | _____ | _____                     |

C. Tests and Measurements

| Title or Brief Description | Clock Hours | Date  | Location (if not College) |
|----------------------------|-------------|-------|---------------------------|
| _____                      | _____       | _____ | _____                     |
| _____                      | _____       | _____ | _____                     |
| _____                      | _____       | _____ | _____                     |
| _____                      | _____       | _____ | _____                     |

D. The Community College

| Title or Brief Description | Clock Hours | Date  | Location (if not College) |
|----------------------------|-------------|-------|---------------------------|
| _____                      | _____       | _____ | _____                     |
| _____                      | _____       | _____ | _____                     |
| _____                      | _____       | _____ | _____                     |
| _____                      | _____       | _____ | _____                     |

E. Classroom Management

| Title or Brief Description | Clock Hours | Date  | Location<br>(if not College) |
|----------------------------|-------------|-------|------------------------------|
| _____                      | _____       | _____ | _____                        |
| _____                      | _____       | _____ | _____                        |
| _____                      | _____       | _____ | _____                        |
| _____                      | _____       | _____ | _____                        |

F. Learning Technologies

| Title or Brief Description | Clock Hours | Date  | Location<br>(if not College) |
|----------------------------|-------------|-------|------------------------------|
| _____                      | _____       | _____ | _____                        |
| _____                      | _____       | _____ | _____                        |
| _____                      | _____       | _____ | _____                        |
| _____                      | _____       | _____ | _____                        |

G. Issues Affecting Higher Education

| Title or Brief Description | Clock Hours | Date  | Location<br>(if not College) |
|----------------------------|-------------|-------|------------------------------|
| _____                      | _____       | _____ | _____                        |
| _____                      | _____       | _____ | _____                        |
| _____                      | _____       | _____ | _____                        |
| _____                      | _____       | _____ | _____                        |

H. Additional Training (if required)

| Title or Brief Description | Clock | Date | Location |
|----------------------------|-------|------|----------|
|----------------------------|-------|------|----------|

|       | Hours | (if not College) |       |
|-------|-------|------------------|-------|
| _____ | _____ | _____            | _____ |
| _____ | _____ | _____            | _____ |
| _____ | _____ | _____            | _____ |
| _____ | _____ | _____            | _____ |

III. New Faculty Mentoring Program

Name of Mentor \_\_\_\_\_

Mentor's Department \_\_\_\_\_

The faculty member understands that the Initial Credentialing Plan is an initial Faculty Development Plan (FDP) for the first three years of employment. A faculty member will not be eligible for continuing contract nor promotion unless all the requirements of the Initial Credentialing Plan have been met.

Faculty Member \_\_\_\_\_ Date \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Next Level Supervisor \_\_\_\_\_ Date \_\_\_\_\_

V.P. of Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_

\* Supervisor's must include a justification when approving credit for prior work/experience.