

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 (if not College)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. Learning Technologies

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

G. Issues Affecting Higher Education

Title or Brief Description	Clock Hours	Date	Location (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.