



Applicant Name: _____
Contact phone numbers: _____
E-mail address: _____
Area(s) of Teaching Interest: _____

1) Education: this form does not replace your official transcript. It gives the department chair an overview of your qualifications.

Earned Degree	Type (e.g., BS, MA, EdD)	Major / Minor or Thesis	Total university (300 or higher) and graduate credits in field of teaching interest
Doctorate			
Master's			
Bachelor's			
Associates			
No degree			Number of credits completed:

2) Total years of teaching and/or related occupational experience in field(s) of teaching interest:

3) *Instructors at CCC must demonstrate completion of the Community College course, EDU 250, CC 580 (i.e., at NAU), a minimum of five CCC online learning modules, or a course equivalent to an Arizona Community College teaching course within the first year of teaching.*

Please check the appropriate box below.

a)	I have completed EDU 250 at CCC.	
b)	I have completed CC 580.	
c)	I have completed an approved, equivalent course to EDU 250.	
d)	I have completed at least five CCC on-line learning modules.	
e)	I have not completed a Community College teaching course yet.	

- 4) If you do not hold a degree in the area of teaching interest, please attach employment history or list any special training, experience, creative production or other accomplishments or distinctions that you believe would qualify you to teach in this field.

Please list type of documentation for the above and attach to this application (i.e., certificate, license, letters of commendation, letters of recommendation).

- 5) Specify your UNIVERSITY (300 level or higher) or GRADUATE coursework in the specific field of teaching interest. Again, this does not replace your official transcript.

Course:	Hours:	Course:	Hours:
Course:	Hours:	Course:	Hours:
Course:	Hours:	Course:	Hours:
Course:	Hours:	Course:	Hours:
Course:	Hours:	Course:	Hours:
Course:	Hours:	Course:	Hours:
Course:	Hours:	Course:	Hours:
Course:	Hours:	Course:	Hours:

- 6) Please list all professional and/or educational licenses, certificates, or credentials.

License or Certificate	Type	Issuing Organization	Date acquired	Expiration date

6) **If you do not hold a baccalaureate or graduate degree, are you actively pursuing or have plans to complete a program of study? Please explain:**

7) **Signature:** I certify that the above information is true and correct to the best of my knowledge. I also understand that Coconino Community College requires official transcripts to be sent directly to the Human Resources Department in order to verify my credentials.

Applicant: _____ Date: _____

Office Use Only: Applicant meets the minimum requirements to teach at Coconino Community College in the following areas:	

Routing:	
Dept Chair _____	Date _____
Dean _____	Date _____

