

Certification Process for Adult and Continuing Education

(Refer to Guideline 49 <http://systemattic.wtcsystem.edu/certification/Cert/guide/Guid49.pdf>)

Instructor's Name: _____

Date: _____

Indicate which certification option this Adult and Continuing Education instructor meets:

SECTION I: REQUIRED CRITERIA

Program #: _____

Program Title: _____

No additional documentation necessary

Additional documentation necessary

List the additional documentation being provided.

SECTION II: WTCS CERTIFICATION (Credit Course/Area Already Certified For)

Program #: _____

Program Title: _____

Expiration Date: _____

SECTION III: UNIQUE QUALIFICATIONS

Program #: _____

Program Title: _____

Describe the unique qualifications this instructor has to teach this course.

APPROVAL: I have ascertained that this instructor has sufficient competence to teach in the area(s) listed above.

Signature of Hiring Manager/Supervisor

Date