

**FACULTY QUALIFICATION REVIEW DOCUMENTATION**

In Accordance with Iowa Code and HLC Policy CRRT.B.10.020 Assumed Practices (Section B.2)

**TYPE OF FACULTY QUALIFICATION REVIEW** (check one):

- Audit of Existing Employee     New Employee (*Anticipated Employment Date Listed Below*)

Instructor's Name		Employment Date	Employment Status			Area of Instruction		Instructional Discipline #1	Instructional Discipline #2
Last	First	Mo/Day/Year <i>xx/xx/xxxx</i>	FT	PT	CE	LAS	CTE		

**INITIAL REVIEW** - Attach copies of application, college transcripts with qualifying courses highlighted, and other supporting documents. Place these items in a specific place in the employee's personnel file.

**Reviewer:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Dept./Div.:** \_\_\_\_\_

**Items Reviewed** (Check all that apply):     Employment Application     Recent/Relevant Employment = \_\_\_\_\_ hours  
*(One Full-time Year = 2,000 hrs)*

Undergraduate Transcripts > Degree(s): \_\_\_\_\_ Major/Fields: \_\_\_\_\_

Graduate Transcripts > Master's Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Highest Degree: \_\_\_\_\_ Major: \_\_\_\_\_  
 \* If no graduate degree is in instructional field, number of GSH in Field = \_\_\_\_\_

Professional Licensure > Type: \_\_\_\_\_ Current?  Yes  No     Third-Party or Credentials     Special Training > Type: \_\_\_\_\_ Current?  Yes  No

**Meets Minimum FQ** (check one):     Yes     No     Unsure/Needs Further Review

**Reviewer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REQUEST FOR FURTHER REVIEW**

**Requester:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Dept./Div.:** \_\_\_\_\_

**Request of Second Reviewer:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_ **Requested Deadline for Determination:** \_\_\_\_\_

**FURTHER REVIEW** (*Preferably not the same person as the initial reviewer.*)

**Reviewer:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Dept./Div.:** \_\_\_\_\_

**Items Reviewed** (Check all that apply):     Employment History     Undergraduate Transcript(s)     Graduate Transcript(s)

Professional Licensure     Third-Party Credentials     Special Training     College Catalog     Course Syllabi

Discipline-Related Prof. Devel. > Type: \_\_\_\_\_     Work/Life Experience > Type: \_\_\_\_\_

**Graduate Courses Reviewed:** *Beyond those already deemed acceptable.*

Course Number	Course Title	Use for FQ? Yes or No	If "Yes" # of GSH	Rationale for Determination

**Meets Minimum FQ:**     Yes     Requires Action Plan     No     Unsure/Needs Further Review

**Rationale:** \_\_\_\_\_

**Reviewer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CHIEF ACADEMIC OFFICER REVIEW**

**Determination:**     Meets minimum FQ     Requires Action Plan     Does not meet minimum FQ

**Rationale/Comment:** \_\_\_\_\_

**CAO Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_