Central Georgia Technical College
Faculty Qualification Equivalency Form

Applicants not meeting standard academic qualifications who wish to be considered for teaching positions under "Other/Alternative Qualifications" must demonstrate competence in the teaching discipline by completing and submitting this form with the CGTC application and all supporting documentation.

Complete the form in detail to provide sufficient information to make a determination of equivalency. Address all sections that apply to making the equivalency case for the specified course/discipline. It is the applicant's responsibility to provide complete information. Please do not state "see transcripts" or "see application." Information from this form will be reviewed by the appropriate Dean to determine whether the candidate meets minimum qualifications.

Name: _____

Position Applied: _____

Application for: ☐ Full-time ☐ Adjunct (part-time)

Discipline: _____

If part-time, proposed class(es): _____

Please write a concise synopsis below of your education and experience that illustrates possession of qualifications that are at least equivalent to the standard academic qualification.

☐ **Accredited Degrees and Related Coursework**: Use the following boxes to list each of your post-secondary degrees, the discipline or major, name of granting institution, and date the credential was granted. Under each degree, please list the applicable coursework related to the discipline position you are applying for at CGTC and for which equivalency is requested only. List the course number, course title, and number of credit hours received for each applicable course. For example, if you are listing an Associate of Science in Education, only list the EDUC courses in the table and not the general education courses (e.g., MATH, PSYC, ENGL). Please list any academic institution in which post-secondary credit was earned, even if a credential was not received. Upload all transcripts for all referenced post-secondary coursework. Attach additional pages as needed.

Note: *Only coursework completed at and degrees awarded by accredited institutions recognized by the U.S. Department of Education will be considered as satisfying the minimum qualifications. Coursework and degrees that are completed outside of the United States are required to have transcripts evaluated (evaluation to U.S. equivalency and a course-by-course analysis) by an appropriate U.S. credentials evaluation service, such as the National Association of Credentials Evaluation Services (NACES) or the Association of International Credential Evaluators, Inc. (AICE).*

Degree Type: _____ **Date Awarded:** ____ / ____ / _____

Major/Description: _____

Institution: _____

Course Number:	**Course Title:**	**Credit Hours:**
	Total Credit Hours:	

Degree Type: _____ **Date Awarded:** ____ / ____ / _____

Major/Description: _____

Institution: _____

Course Number:	Course Title:	Credit Hours:
	Total Credit Hours:	

Degree Type: _____ **Date Awarded:** ____ / ____ / _____

Major/Description: _____

Institution: _____

Course Number:	Course Title:	Credit Hours:
	Total Credit Hours:	

☐ **Certificate or License (discipline-specific)**: List the title, granting agency, ID number, date granted and expiration for all professional licensure and/or certifications that apply to the field or discipline in which the equivalency is requested. Do not state "see application or see resume." Upload all referenced certificates and licenses with your CGTC application. All certificates and licenses must be current and in good standing at the time of submission for them to be considered. If your certification and license does not have an expiration date, indicate that in the box.

License / Certification Granted	Granting Agency	ID Number	Date Granted	Date Expires

☐ **Advanced Placement (AP) certificate or completion of training (in field)**: List the area of advanced placement (AP) certificate, date the certificate was granted, and the date of advanced placement training applicable to the field or discipline in which the equivalency is requested. All AP certificates and completion of training must be uploaded with your CGTC application.

Advanced Placement Area	Date Granted	Date of Training

☐ **Professional Development (discipline-specific)**: List the institution, seminar/workshop title, date, and number of hours for all seminars/workshops/etc… that apply to the field or discipline in which the equivalency is requested. Do not state "see application or see resume." Upload all referenced workshop and/or seminar certificates.

Institution/Sponsor	Workshop/Seminar Title	Dates / Number of Hours

☐ **<u>In-Field or Related Work Experience</u>**: List the name of employer, primary duties, and dates for all full-time and part-time employment that apply to the field or discipline in which the equivalency is requested. Do not state "see application or see resume." Dates must be entered in the following format MM/DD/YYYY to MM/DD/YYYY, unless listing to current. (Example: 01/01/2023 to 12/31/2025) List your title under the Primary Duties column, followed by your primary duties. Primary Duties listed should specifically tie to competencies related to the field of study.

Employer	Primary Duties	Dates of Employment

☐ **Publications and/or Presented Papers (in field)**: Include any scholarship, publications, and/or awards that apply to the field or discipline in which the equivalency is requested. Do not state "see application or see resume." Upload any supporting documentation with your CGTC application. Provide links to published/presented papers below.

Description/Title	Granting Institution/Publisher	Date

PLEASE READ AND SIGN BELOW. COMPLETED FORMS AND ALL SUPPORTING DOCUMENTATION MUST BE UPLOADED TO THE CGTC APPLICATION FOR CONSIDERATION PRIOR TO THE DEADLINE.

I certify that all of the foregoing statements are true, correct, and complete. I understand that the equivalency will be revoked if the information presented in this document is found to be untrue or incorrect or appropriate documentation is not uploaded to validate the information listed in this form.

Signature **Date**

OFFICE USE ONLY:

Reviewed by **Date**