

DUAL ENROLLMENT INSTRUCTOR INFORMATION FORM

Information collected will be used to determine qualifications and credentials for teaching dual enrollment courses for Virginia Western Community College (VWCC).

PERSONAL INFORMATION:

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact Number: _____ Other Contact Number: _____

E-mail Address: _____

Have you ever taught as a Virginia Community College System (VCCS) instructor or dual enrollment instructor in the past? _____ YES _____ NO If so, which VCCS College? _____

If you have ever applied as a student to a VCCS college or worked as a faculty member or dual enrollment instructor, please reference your VCCS EMPLID Number: _____

DUAL ENROLLMENT LOCATION *(Please include the school information where you would like to teach VWCC dual enrollment classes)*

Name of School Division: _____

Name of High School: _____

High School Address: _____

High School Phone Number: _____ High School Administrator: _____

Dual Enrollment Course Content Area: _____

EDUCATIONAL HISTORY: *Starting with your most recent educational experience, please provide your educational history, including high school, trade, college and graduate school. **Please submit an official transcript from each college that you have attended.***

Name of School: _____

City/State: _____

Level of Course Work: _____ Graduate _____ Undergrad _____ Trade School _____ High School

Major and Degree Earned: _____ or Number of Hours Completed _____

Major Area of Study: _____

Name of School: _____

City/State: _____

Level of Course Work: _____ Graduate _____ Undergrad _____ Trade School _____ High School

Major and Degree Earned: _____ or Number of Hours Completed _____

Major Area of Study: _____

Name of School: _____

City/State: _____

Level of Course Work: _____ Graduate _____ Undergrad _____ Trade School _____ High School

Major and Degree Earned: _____ or Number of Hours Completed _____

Major Area of Study: _____

Name of School: _____

City/State: _____

Level of Course Work: _____ Graduate _____ Undergrad _____ Trade School _____ High School

Major and Degree Earned: _____ or Number of Hours Completed _____

Major Area of Study: _____

Please add additional sheets if needed:

INDUSTRY CREDENTIALS: *Please list all current professional licenses or industry credentials. You may be asked to provide photocopies of some of the credentials.*

License/Credential _____

Issuing Agency: _____ Expiration Date: _____

License/Credential _____

Issuing Agency: _____ Expiration Date: _____

License/Credential _____

Issuing Agency: _____ Expiration Date: _____

License/Credential _____

Issuing Agency: _____ Expiration Date: _____

INDUSTRY EMPLOYMENT HISTORY: *For some credentialing requirements, the VCCS may require **industry experience** in the content field. Please list industry related positions held post high school and begin with the most recent. You do not need to include teaching/education related positions here. We may need to contact the employer to verify trade and industry employment length.*

Employer Name: _____

Employer Address: _____

Name of person who can best evaluate your work: _____

Phone: _____ was this position: _____ Full Time _____ Part Time

Job Title: _____ Start Date: _____ End Date: _____

Job Duties: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Name of person who can best evaluate your work: _____

Phone: _____ was this position: _____ Full Time _____ Part Time

Job Title: _____ Start Date: _____ End Date: _____

Job Duties: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Name of person who can best evaluate your work: _____

Phone: _____ was this position: _____ Full Time _____ Part Time

Job Title: _____ Start Date: _____ End Date: _____

Job Duties: _____

Reason for Leaving: _____

Employer Address: _____

Name of person who can best evaluate your work: _____

Phone: _____ was this position: _____ Full Time _____ Part Time

Job Title: _____ Start Date: _____ End Date: _____

Job Duties: _____

Reason for Leaving: _____

ADDITIONAL INFORMATION:

Please use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:

INSTRUCTOR AGREEMENT:

I certify that the information provided in this Dual Enrollment Instructor Information Form is true and complete.

I accept the Mission, Vision, Core Values and Instructional Goals of Virginia Western Community College (VWCC) as defined in the VWCC catalog.

I understand that I am responsible for providing instruction that will allow the student to complete the learning objectives identified in the VWCC Course Outline.

I understand that I will be required to submit various course or student documentation required by the college.

I understand that acceptance, as a dual enrollment instructor is not an offer of employment by VWCC and that I am not entitled to any benefits provided by the Virginia Community College System (VCCS).

I understand that all information on this form is subject to verification. I consent that you may contact references, current and former employers and educational institutions listed.

I understand that official transcripts of all college coursework and photocopies of any industry certifications or professional trade licenses must be provided to the VWCC Dual Enrollment Office in order to become a dual enrollment instructor.

Signature: _____ Date: _____

CREDENTIALING CHECK LIST (Please *provide the following items*)

_____ Instructor Information Form

_____ Resume

_____ Official College Transcripts

_____ Photocopies of current industry certifications and/or professional licenses