



**VICTOR VALLEY COMMUNITY COLLEGE DISTRICT
FACULTY MINIMUM QUALIFICATIONS UNDER EQUIVALENCY PROCESS**
Approved by Faculty Senate March 6, 2020, Updated by Faculty Senate March 25, 2020)

APPLICANT NAME _____ DISCIPLINE _____

Please refer to the Equivalency Qualifications document attached to this request form for guidelines and conditions upon which equivalency may be approved.

The minimum standard for equivalency may be met in one of following ways -- course work, work experience, a combination of course work and work experience for vocational areas only, or eminence.

Please check the appropriate box under which you are submitting the equivalency request and provide the required documentation:

COURSE WORK

A master's degree in a discipline which is not specifically named on the Board of Governor's minimum qualification list for the particular discipline in question, but includes course work which clearly parallels and/or is closely related to the discipline which is specifically listed on the minimum qualifications list. (Course work must be satisfactorily completed with a grade of C or higher and must be from an accredited institution recognized by the Department of Education).

Please list the Board of Governor's minimum qualification for the discipline and the specific courses from the applicant's transcripts which parallel or are closely related to the discipline listed on the minimum qualifications list.

WORK EXPERIENCE

A minimum of fifteen (15) years of work experience in the field is required. The candidate is responsible for submitting evidence proving mastery of the skills in the vocation, thorough enough for the specific assignment and broad enough to serve as a basis for teaching the other courses in the discipline. Extensive and diverse knowledge of the working environment is required. Applicants will be required to provide specific and conclusive evidence of equivalency such as certifications, licenses, employer certificatory letter, recency of experience.

Please provide a statement and evidence as listed showing mastery of the skills of the vocation with a minimum of fifteen (15) years of experience.

COURSEWORK / WORK EXPERIENCE COMBINATION (VOCATIONAL AREAS)

In the vocational area, a combination of course work and work experience in the field may be combined in order to meet the minimum qualifications.

Coursework From Accredited Institution and Work Experience

- 45 semester units, 8 years experience
- 30 semester units, 10 years experience
- 15 semester units, 12 years experience
- 0-14 semester units, 15 years experience

Please provide a statement and evidence showing mastery of the skills of the vocation with a minimum of years of experience and transcripts indicating a minimum number of semester units, as shown above.

EMINENCE

The candidate must provide verifiable eminence in the field, plus conclusive evidence of the ability to teach effectively at the community college level. The candidate must provide clear and preponderant evidence of understanding the principles of teaching and he/she possesses the skills necessary to teach effectively at the community college level.

Eminence as evidenced by prominence and celebrity is established by the specific industry and/or community at large. This shall include appropriate state, national, and/or international associations, trade unions, guilds, or communities comprised of experts who are themselves renowned in the specific field and who can attest in writing to the equivalency, but must be accompanied by adequate evidence of the applicant's knowledge and ability to teach effectively at the community college level.

The applicant may provide documentation supporting the status of eminence, and the college may also seek other avenues to verify the eminence of the candidate.

Please provide a statement and evidence which indicates why the applicant should be approved under the eminence provision of equivalency and provide the required documentation.

Approved Disapproved

Department Chair's Name

Signature

Date

Equivalency Committee:

Approved Disapproved

_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name	Signature	Date		
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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Name	Signature	Date		

Faculty Senate President:

_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name	Signature	Date		

COMMENTS:
