

## Concurrent Enrollment and College and Career Pathways (CCP) Instructor Application

Please **attach a copy of the following supplemental materials**. Applications that are missing these items will not be considered:

- > Current resume (inclusive of courses taught)
- > Unofficial undergraduate/graduate transcripts and
- > Copies of Certifications/Licenses (as applicable)

Date		
Name		
Mobile/Home Phone		
Personal Home Address		
City/Town	State	Zip Code
Personal Email Address		
Date of Birth	SSN	
Your date of hirth and Social Sec	urity Number are required as part of	f the instructor onboarding process. This information is needed to

Your date of birth and Social Security Number are required as part of the instructor onboarding process. This information is needed to create your instructor account in Banner, our Student/ Instructor Information System, which is required for participation. As mandated by the New England Commission of Higher Education (NECHE), all colleges with dual enrollment programs must maintain documentation on each instructor and course to ensure academic fidelity. An individual instructor record will be created by the College. All instructor information is confidential; all instructor records will be stored in a secure environment at all times. Only authorized staff will have controlled access to instructor's records.

Have you taught at CT State Community College or one of our legacy campuses in the past? () Yes () No

If yes, please list the courses, semesters/years taught and campus you taught at

Are you a certified CT high school teacher? ( ) Yes ( ) No If so, What is your license number

Do you hold any certifications? ( ) Yes ( ) No

If yes, please list the certifications you hold

Do you hold any professional licenses? ( ) Yes ( ) No

If yes, please list the professional licenses you hold

Please identify which CT State courses you are interested in teaching

Course Designator

Title

## SECONDARY EDUCATION PROVIDER INFORMATION REQUEST

Secondary Education Provider Name

District Name (if applicable)

Secondary Education Provider Address

City State Zip

Main Phone Extension

Secondary Education Provider Liaison Email Address

I understand that teaching a Connecticut State Community College Concurrent or College and Career Pathway (CCP) course requires me to adhere to all standards set by CT State Community College and New England Commission of Higher Education (NECHE). I understand professional development, CT State course evaluations/observations, curriculum alignment, and adherence to timelines are necessary to remain eligible to teach CT State courses.

Secondary Education Instructor	Date

I affirm the secondary instructor is in good standing at our institution and can be released for required professional development with CT State related to courses they are approved to teach

Secondary Principal or Supervisor

Date

## **COLLEGE APPROVAL PROCESS**

Reviewer Name

**Reviewer Title** 

Is the candidate approved to teach concurrent enrollment courses for CT State Yes () No ()

If yes, list the courses they are approved to teach

If no, list the rationale as to why the candidate is not eligible to teach courses and needed additional training to be eligible.

Signature of Reviewer