

**Del Mar College**  
**Skills Trainer (Non-Faculty Personnel)**  
**Credential Evaluation Summary**  
**Technology Education Department**

| <b>PART I: To be completed by Department Chair.</b>   |                  |                        |               |
|---|------------------|------------------------|---------------|
| Name:   |                  | Colleague ID#:         |               |
| Discipline:   | Courses:         | Full Time<br>Part Time |               |
| <b>Certifications:</b>  |                  |                        |               |
| Certification   | Issuing Agency   | Expiration             |               |
|   |                  |                        |               |
| <b>Work Experience:</b>   |                  |                        |               |
| Employer  | Job Title/Duties |                        | Time Employed |
|   |                  |                        | From:<br>To:  |
|   |                  |                        | From:<br>To:  |
|   |                  |                        | From:<br>To:  |
|   |                  |                        | From:<br>To:  |
|   |                  |                        | From:<br>To:  |
| <b>PART II: To be completed by Department Chair.</b>  |                  |                        |               |
| Verification of certificates/work experience attached.  |                  |                        |               |
| <b>PART III: To be completed by Department Chair and Dean.</b>  |                  |                        |               |
| <b>AUTM Courses</b>   | Meets Criteria   | Yes                    | No            |
| Three years of documented work experience in the Automotive field.  |                  |                        |               |
| <b>AERM Courses</b>   | Meets Criteria   | Yes                    | No            |
| Three years of documented work experience in the Aviation Maintenance field.  |                  |                        |               |
| <b>AVNC Courses</b>   | Meets Criteria   | Yes                    | No            |
| Three years of documented work experience in the Avionics/Professional Electronics field.   |                  |                        |               |
| <b>APPROVALS</b>  |                  |                        |               |
| <p>(1) Department Chair: _____ Date: _____</p> <p>(2) Dean: _____ Date: _____</p> <p>(3) Executive Vice President/Chief Academic Officer: _____ Date: _____</p> |                  |                        |               |

**Original: Faculty Credentials    Copy to: Dean, Department Chair**