

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

**PART I: To be completed by Department Chair.**

Name:		Colleague ID#:
Discipline:	Courses:	Full Time Part Time

**Certifications/Licensure :**

Certifications/Licensures	Issuing Agency	Expiration

**Work Experience:**

Employer	Job Title/Duties	Time Employed
		From: To:
		From: To:
		From: To:
		From: To:
		From: To:

**PART II: To be completed by Department Chair.**

Verification of certifications/licensures/work experience attached.

**PART III: To be completed by Chairperson and Dean**

RNSG Courses	Meets Criteria	Yes	No	HPRS Courses	Meets Criteria	Yes	No

**APPROVALS**

(1) Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

(2) Dean: \_\_\_\_\_ Date: \_\_\_\_\_

(3) Provost/Vice President of Instruction: \_\_\_\_\_ Date: \_\_\_\_\_

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