

Del Mar College
Skills Trainer (Non-Faculty Personnel)
Credential Evaluation Summary
Allied Health Department

PART I: To be completed by Department Chair.

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

Certifications/Licensures:

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 Department Chair and Dean.

PTHA Courses	Meets Criteria	Yes	

APPROVALS

(1) Department Chair: _____ Date: _____

(2) Dean: _____ Date: _____

(3) Executive Vice President/Chief Academic Officer: _____ Date: _____

Original: Faculty Credentials Copy to: Dean, Department Chair