INDIAN RIVER STATE COLLEGE
Application for Re-Certification

Please complete this application and submit with appropriate supporting documentation to your IRSC Instructional Dean. For more information, please consult with your Dean or refer to your IRSC Faculty or Adjunct Faculty Handbook.

Last Name ____________________________  First Name ____________________________  MI __________

Mailing Address ____________________________  Daytime Phone Number ____________________________

Discipline(s) to be Reviewed for Re-Certification: ____________________________________________

Instructional Dean: ____________________________  Extension: ____________________________

IRSC requires all administrators, full-time and adjunct faculty, counselors and librarians to maintain current certification through the College. Since maintaining current knowledge in one’s field and enhancing teaching skills are essential in providing high-quality education, IRSC requires certified individuals to complete appropriate professional development activities directly related to their teaching discipline or professional responsibilities as a condition for re-certification.

Faculty members must collaborate with their Instructional Dean to complete a Faculty Professional Development Plan during each 5-year period in order maintain active certification. Professional Development Plans should address specific objectives and expected outcomes with respect to one or more of the following components:

- **Content knowledge and skill in the discipline/program** (Learning new technology or methodologies, computer software training, writing skills workshops, communication/interpersonal relations skills training, attain professional certifications/licenses, participation in workshops/conferences, webinars)
- **Teaching methods and instructional strategies** (Classroom management, curriculum development, learning styles, on-line delivery, cultural and diversity enrichment)
- **Produce articles, textbooks, instructional software or other scholarly work** (Could include stage play, musical score, art show or similar product related to the teaching discipline or enhancement of instructional effectiveness)
- **Related work experience** (Business/industry internships, relevant summer employment, observation or special project(s) with employers)
- **Study appropriate to the higher education environment** (Advancement of academic credentials, research, publishing, grant writing, and maintaining professional certification)
- **Leadership in local, state or national professional organizations related to discipline.**
- **Achieve or renew Professional License or Certification related to discipline.**

I hereby attest that the information submitted is true and correct to the best of my knowledge.

Applicant Signature ____________________________  Date ____________________________

I affirm that this applicant has provided appropriate documentation demonstrating fulfillment of IRSC requirements for re-certification and recommend re-certification in the discipline(s) indicated above.

Instructional Dean Signature ____________________________  Date ____________________________

Revised September 2014
INDIAN RIVER STATE COLLEGE
Certification / Re-certification
For Official Use Only
to be completed by
Vice President of Instructional Services

1. Baccalaureate: _________________________________________________________

2. Pre-Baccalaureate: ____________________________________________________

3. Technical Specialty: ___________________________________________________

4. Non-College Credit: ____________________________________________________

5. Adult High School: ____________________________________________________

Certification Effective Date: ________________ Expiration Date: ________________

Certification Number: _____________________________________________________

Certification Documents Complete: ______ Yes ______ No

If not, indicate documents that are needed:
________________________________________________________________________
________________________________________________________________________

Certification: Approved: ________________ Denied: ________________

Reason: __________________________________________________________________
________________________________________________________________________

________________________________________________________________________

Signature of Vice President of Instructional Services __________________________ Date __________________

Revised September 2014