**eCertification for Facilitators Program Proposal**

The eCertification for Facilitators Program prepares faculty members to facilitate existing eLearning courses. It is a 5-week program delivered fully online with optional labs and consultations. The program is self-paced with milestones leading faculty members through course facilitation planning. Faculty members will modify an existing eLearning course to support the facilitation of it during the program requiring approximately ten hours of work per week. This program leads to eCertification for Facilitators. The course will certify that the faculty member knows how to modify and manage a course designed for online delivery, can edit the syllabus with the faculty member’s information, and is able to implement a communication plan that will promote student success in the course.

Proposals for the program must be signed by the candidate’s college dean, department chair/program director, the Assistant Provost of eLearning, and the candidate. Any changes in the proposal must be resubmitted for approval. Updates on the faculty member’s progress will be sent to the department chair/program director periodically throughout the semester.

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Applicant name** |  | **Z number** |  |
| **Status** | ☐ full-time ☐ part-time ☐ teaching assistant | | |
| **College** |  | **Department** |  |
| **Campus** | ☐ Boca Raton ☐ Dania Beach ☐ Davie  ☐ Fort Lauderdale ☐ Harbor Branch ☐ Jupiter | | |
| **Campus email** |  | | |
| **Contact phone** |  | | |
| **Course ID** |  | | |
| **Course title** |  | | |
| **Credit hours** |  | **Semester/year of first online offering** |  |
| **Anticipated frequency of course offering** | ☐ Every semester ☐ Twice a year ☐ Once a year ☐ Once every two years  ☐ Periodically | | |
| **Anticipated # of sections** |  | **Anticipated enrollment for each section** |  |
| **Have you taught this course before?** | ☐ yes ☐ no | **Have you taught it online?** | ☐ yes ☐ no |
| **Have you taught online?** | ☐ yes ☐ no | **Will it be 80% or greater online?** | ☐ yes ☐ no |

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions.

1. Have you completed eCertification for Designers? ☐ yes ☐ no

If so, when?

1. Have you completed eCertification for Facilitators? ☐ yes ☐ no

If so, when?

1. Have you participated in the eDesign Consultation Program? ☐ yes ☐ no

If so, when?

1. Have you participated in the Quality Matters Program? ☐ yes ☐ no

If so, when?

1. Is the selected course required for a degree program(s)? ☐ yes ☐ no

If so, what program(s)?

If so, would having the course online support degree completion ☐ yes ☐ no

on a specific campus?

1. Is the applicable program(s) being developed for online delivery? ☐ yes ☐ no

If so, how much progress has been made?

1. Is the selected course part of the Intellectual Foundations Plan (IFP)? ☐ yes ☐ no
2. Please provide a brief description of your experience with eLearning.
3. Please provide a brief description of the selected course including its role in degree programs, any pre-requisites or co-requisites, etc.
4. Please share any concerns you have about facilitating this course.

Applicant name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Agreement**

*By signing below, I am committing to completing this program and to teaching the selected course at least once within one year of program completion.*

Applicant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Department Chair’s Approval**

*By signing below, I support the applicant in his/her participation in the program and the selected course for facilitation. I will provide the applicant the opportunity to teach the selected course at least once within one year of program completion.*

Department chair’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Department chair’s name (please type/print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College Dean’s Approval**

*By signing below, I support the faculty in his/her participation in the program and the selected course for facilitation.*

College dean’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

College dean’s name (please type/print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mark your proposal submission with “Attn: eCertification for Facilitators” and submit the completed form (with all signatures) using one of these methods:

* mailed to FAU Center for eLearning, Boca Raton Campus, Building 4, Room 209;
* faxed to 561-297-4851; or
* emailed to [idesign@fau.edu](mailto:idesign@fau.edu) with the proposal form as a PDF attachment.

Proposal are due Monday, May 5th by 12:00 noon.