CHAPTER 3: Certificated Personnel
ADMINISTRATIVE PROCEDURE NO. 3.15.1 (AP 7211)

ADMINISTRATIVE PROCEDURE
San Mateo County Community College District

Subject: 3.15.1 Minimum Qualifications and Equivalencies to Minimum Qualifications

Revision Date: 9/11

References: Education Code Sections 87001, 87003, 87359, 87743, 87743.1 and 87743.2;
Title 5 Sections 53400 et seq., 53406, 53410, 53412, 53417 and 53430

PROCEDURE:

1. APPLICANTS FOR FULL-TIME TENURE TRACK AND TEMPORARY FACULTY POSITIONS
The application for employment includes questions to applicants about whether they possess the minimum qualifications as specified in the Minimum Qualifications for Faculty and Administrators in California Community Colleges, and, if not, whether they wish to apply for equivalency. It is the applicant’s responsibility to apply for equivalency. The applicant applying for equivalency must provide conclusive evidence to support his/her request (official transcripts, credentials, licenses, certificates, employer attestations, publications, etc.), which will validate the equivalency request.

The Faculty Qualifications Committee shall be composed of the academic members of the hiring committee (always approved by the college’s Academic Senate) and the dean of the division. The screening committee must include at least three full time faculty members currently qualified in the subject area of the position to be filled [see Faculty Qualification Guidelines]. Faculty qualifications committees evaluate minimum qualifications of individuals based on the Minimum Qualifications for Faculty and Administrators in California Community Colleges. This equivalency process is intended neither to raise nor to lower standards from the minimum qualifications established for a position, nor is it intended to grant waivers in lieu of required qualifications. Where San Mateo County Community College District standards are higher than the state minimum qualifications, those local qualifications shall prevail.

The written recommendation of this Faculty Qualifications Committee will be forwarded to the appropriate college vice president who will, with the Academic Senate president, make a recommendation to the college president. Upon concurrence of the college president, the equivalence recommendation will be forwarded to the Board of Trustees for consideration. A copy of the Board action will be placed in the employee’s personnel file.

2. APPLICANTS FOR PART-TIME FACULTY POSITIONS
The application for employment includes questions to applicants about whether they possess the minimum qualifications as specified in the Minimum Qualifications for Faculty and Administrators in California Community Colleges, and, if not, whether they wish to apply for equivalency. It is the applicant’s responsibility to apply for equivalency. The applicant applying for equivalency must provide conclusive evidence to support his/her request (official transcripts, credentials, licenses, certificates, employer attestations, publications, etc.), which will validate the equivalency request.

The Faculty Qualifications Committee shall be composed of the academic members (always approved by the college’s Academic Senate) and the appropriate dean. The Faculty Qualification Committee must
include three full time discipline experts (one from each college) in the same discipline to serve on the review board. See section 7 Faculty Qualification Committee Guidelines. The Faculty Qualifications committee evaluates the minimum qualification of individuals based on the Minimum Qualifications for Faculty and Administrators in California Community Colleges.

This equivalency process is intended neither to raise nor to lower standards from the minimum qualifications established for a position, nor is it intended to grant waivers in lieu of required qualifications. Where San Mateo County Community College District standards are higher than the state minimum qualifications, those local qualifications shall prevail.

The written recommendation of this Faculty Qualifications Committee will be forwarded to the college vice president who will, with the Academic Senate president, make a recommendation to the college president. Upon concurrence of the college president, the equivalence recommendation will be forwarded to the Board of Trustees for consideration. A copy of the Board action will be placed in the employee’s personnel file.

3. CURRENT EMPLOYEES
Current faculty will apply for equivalence by filing an “Employee Application for Equivalence to Minimum Qualifications” form with the appropriate college vice president. The Vice President, in consultation with the Academic Senate president, will identify three full time discipline experts (one from each college) in the same discipline to serve on the Faculty Qualification committee. These discipline experts will be faculty members representing the three colleges in the district. The review committee will include the dean of the relevant discipline from other than the faculty member’s home campus, and has the primary responsibility to oversee the process and is not a voting member.

MINIMUM QUALIFICATIONS EXAMPLES
Examples for formal academic equivalents to degrees might include:

- **Formal Education Equivalent to the Master’s degree:**
  Master’s degree in a related discipline as identified in the Disciplines List, including 18 semester units of upper division and/or graduate work in the discipline;

- **Formal Education Equivalent to the Bachelor’s degree:**
  At least 120 semester units, including 18 semester units representing a diversity of courses generally accepted as general education and, for disciplines that require a Master’s degree, 30 units in the discipline, of which 24 are upper-division or graduate units.

- **Formal Education Equivalent to the Associate degree:**
  At least 60 semester units, including 18 semester units representing a diversity of courses generally accepted as general education.

Examples of establishing the equivalency of required experience. To establish this equivalency candidates should show possession of thorough and broad skill and knowledge for each of the following:

- Mastery of the skills of the vocation thorough enough for the specific assignment and broad enough to serve as a basis for teaching the other courses in the discipline;
Extensive and diverse knowledge of the working environment of the vocation;
Completion of general education requirements.

The application cover sheet will include the names of the faculty committee members, dean and the vote-count of any action. The vote-count will come from the Faculty Qualifications committee (three full time faculty discipline experts only). The dean has the primary responsibility to oversee the process and is not a voting member.

If equivalency is denied, rationale for the decision should be recorded on the cover sheet. If an applicant does not meet equivalency, his or her application shall be returned to the Vice President and Academic Senate President for review before returning to Human Resources.

A quorum of the Faculty Qualifications committee determining equivalency shall be three full time faculty discipline experts. A full time faculty discipline expert will chair the committee from the submitting applicant’s campus. The dean has the primary responsibility to oversee the process and is not a voting member.

Faculty Qualifications committee shall meet in order to facilitate any necessary discussion of academic qualifications.

Faculty Qualifications committee meetings shall be closed and confidential.

The equivalency process is intended neither to raise nor to lower standards from the minimum qualifications established for a position, nor is it intended to grant waivers in lieu of required qualifications.

The equivalency application form is attached to this process and is included in the online application for employment. Human Resources prepares the application in consultation with the Academic Senate.

The equivalency process should take place in a timely manner, no later than two weeks from submission date.

The written recommendation of the Faculty Qualification Committee will be forwarded to the appropriate vice president, who with the academic senate president will make a recommendation to the college president. Upon concurrence of the college president, the equivalency recommendation will be forwarded to the Human Resources Office where it will be taken to the Board of Trustees for consideration. A copy of the Board action will be placed in the employee’s personnel file. All applicant records shall be confidential.

4. Establishing FSA’s for New Hires
Following acceptance of a job offer by a candidate, application materials may be submitted by the new faculty member to the Faculty Qualifications Committee for consideration of assignment of FSAs in addition to the primary assignment.
5. ESTABLISHING FSA’S FOR CURRENT EMPLOYEES

- Current Employee (Full or Part-time) submits **APPLICATION FOR FACULTY SERVICE AREA (FSA)** to the appropriate VPI office.
- It shall be the responsibility of the applicant to provide a complete application and all documentation (transcripts, credentials, certificates and verification of teaching and/or work experience) necessary to evaluate his/her qualifications.
- An FSA application must be received in the appropriate VPI or VPSS office on or before February 15 in order to be considered as a basis for reassignment in the event of reductions in force, program discontinuance, and/or lack of funding pursuant to the provisions of Education Code, during the subsequent academic year.
- Upon receipt of a complete applications and supporting documentation to the appropriate Vice President’s office (VPI or VPSS), the Academic Senate president will identify the Faculty Qualification Committee (three full time discipline experts from each college and approve the constituted FSA committee). The VP will identify the appropriate dean to serve on the committee.

6. APPEAL PROCESS:

If an applicant for equivalency disagrees with the decision, the applicant may appeal, by submitting new written documentation or clarification, to the Academic Senate president. This appeal must be submitted within ten working days after the applicant has received notification of the committee’s decision. The applicant must submit a written statement and evidence explaining new material to the Faculty Qualifications committee. The committee will deliberate again privately, and the committee’s decision shall be final. If a unanimous decision cannot be reached, the equivalency is not granted. The Academic Senate president will provide a written response to the applicant and the appeal process ends.

7. FACULTY QUALIFICATION COMMITTEE GUIDELINES:

1. Faculty Qualification Committee shall consist of three full-time faculty discipline experts representing the three colleges in the district. In addition, a dean from the relevant discipline other than the applicants home campus, and has the primary responsibility to oversee the process and is not a voting member. In the case, where there are insufficient full-time faculty discipline experts the Academic Senate President has the right to appoint a part-time faculty to serve on the committee as long as they hold the minimum qualifications. If there are cases where there is no full-time faculty that posses the minimum qualifications, then the Academic Senate President shall seek outside faculty discipline expert from another Community College.

2. The application cover sheet will include the names of committee members (faculty discipline experts and dean) and the vote-count of any action. The vote-count will be from ONLY the three full-time faculty committee members. The Dean’s primary responsibility is to oversee the procedure and is a non-voting member.
3. If the FSA is denied, the rationale for the decision must be recorded on the cover sheet. If an applicant does not meet the FSA, his or her application shall be returned to the appropriate Vice President (VPI or VPSS) for review with the Academic Senate president.

4. A quorum of the Faculty Qualifications Committee determining FSA shall be three full-time faculty members—one faculty from each college. A faculty discipline expert from the submitting college will chair the committee.

5. Faculty Qualifications Committee shall meet in order to facilitate any necessary discussion of academic qualifications.

6. Faculty Qualifications Committee meetings shall be closed and confidential.

7. The FSA process is intended neither to raise nor to lower standards from the minimum qualifications established for a position, nor is it intended to grant waivers in lieu of required qualifications.

8. The FSA application form is attached to this process and is included online at the DAS and Human Resources websites. Current employees will submit FSA application directly to the appropriate Vice President (VPI or VPSS).

9. The FSA review process should take place in a timely manner, no longer than two weeks from date of submission.

Academic Senate Approved: MAY 2011
SMCCCD Board Approved: September 21, 2011
APPLICATION FOR EQUIVALENCE OF MINIMUM QUALIFICATIONS
FOR ACADEMIC POSITIONS ONLY

PART I:
Completed by the applicant or current employee

Name (print): _______________________

Division/Dept: _______________________

Current teaching discipline or non-instructional academic service:
________________________________________

At (circle one): Cañada   CSM   Skyline

E-mail: ________________________________ Phone/Ext. ________

Application for equivalence to establish minimum qualifications for the discipline:
_____________________________________

I am attaching supporting materials, such as official transcripts, credentials, licenses, certificates, employer attestations, publications, etc., which validate the following assertion(s): (check all that apply)

☐ Degree Equivalence
The employee or applicant possesses a degree(s) with similar content to those listed for the relevant discipline. The name of the degree is close to that specified on the Disciplines List, but the degree either has a different title or area of expertise or the coursework is slightly different.

☐ Academic Background Equivalence
Related to disciplines in which a Master’s degree is not generally expected or available. The employee or applicant must have completed at least 24 semester units of coursework in the academic field and must possess at least the equivalent level of achievement and the equivalent in breadth, depth of understanding, and rigor in each of the following:

1. a broad cultural education usually met by the general education requirements for any Bachelor’s or Associate’s degree, and
2. a detailed study of the discipline in breadth, depth, and rigor, usually met by coursework required for the degree major.

☐ Professional Achievement Equivalence
The employee or applicant must have completed the General Education requirements for that degree; and show outstanding professional achievement or substantial training in the
requested field and must submit substantial evidence which demonstrates that his/her preparation, experience, and ability are equivalent to those expected from a person who meets the minimum qualifications.

I understand that administrative and Academic Senate representatives, as well as the appropriate college Vice President, pursuant to current District procedures will review this Application for Equivalence. I understand that their recommendation will be forwarded to the College President for review, and if approved, will be forwarded to the Office of Human Resources for approval by the Board of Trustees.

Employee Signature: ________________________________ Date: ______________________
PART II:
Completed by the Faculty Qualification Committee, Chair and forwarded to the College Academic Senate President and College Vice President, accompanied by supporting documents

Faculty Qualification Committee Members:

1. Faculty Chair: _________________________________ College ___________________
2. Faculty _________________________________ College ___________________
3. Faculty _________________________________ College ___________________
4. Dean * _________________________________ College ___________________
   *Non Voting Member

Equivalence to minimum qualifications for the discipline of ___________________

Vote Count: (Faculty Qualification Committee Members ONLY, does not include the Dean)

_____ Recommended  _____ Not Recommended

If denied, rationale is as follows: (Attach additional sheets if needed):

________________________________________________________

________________________________________________________

Signature acknowledges process has been followed

Signature: Faculty Qualifications Committee

________________________________________________________
Faculty, Chair College Date

________________________________________________________
Faculty  College  Date

________________________________________________________
Faculty  College  Date

________________________________________________________
Dean  College  Date
PART III:

Completed by the College Academic Senate President and appropriate Vice President and forwarded to the College President for recommendation, accompanied by supporting documents.

Equivalence to minimum qualifications for the above-listed discipline(s)

_____ Approved  _____ Not Approved

If denied, rationale is as follows: (Attach additional sheets if needed)

______________________________________________________________

Signature acknowledges process has been followed

Signature:

______________________________________________________________

Academic Senate President  College  Date

Signature:

______________________________________________________________

Vice President  College  Date
PART IV:
Completed by the College President and forwarded to the Office of Human Resources, accompanied by supporting documents

Equivalence to minimum qualifications for the above-listed discipline(s)

_____ Approved  _____ Not Approved

If denied, rationale is as follows: (Attach additional sheets if needed)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signature acknowledges process has been followed
Signature:

______________________________________________  _____________________________
College President  College  Date

Board Approval Date: ______________________________

Board Report #: ________________________________ (completed by Human Resources)

cc: VPI or VPSS and AS President
San Mateo County Community College District

APPLICATION FOR FACULTY SERVICE AREA (FSA)
FOR ACADEMIC POSITIONS ONLY

PART I:
Completed by Applicant/Current Employee

Date:

Name (print): _______________________________________________________

First, Last

Current Position: _______________________ Division: _______________________

At (circle one): Cañada CSM Skyline

E-mail: ___________________________ Office Ext. ________

In accordance with the provisions of Education Code Sections 87743.1 through 87743.5, and the District policies/procedures/requirements for Faculty Service Areas (FSA’s), I certify that my educational background, experience, and other qualifications are equivalent to the minimum qualification discipline list. [AFT Article 20.1: Faculty Service Area (FSA)]

I hereby apply for the following FSA: _________________________________

In the spaces provided below, please indicate the information, which you believe, qualifies you for the requested FSA: (Attach additional supporting documentation as may be required to verify your qualifications)

1. Disciplines
   A. Disciplines requiring a Master’s Degree, I possess the following degrees and certification/licenses (if applicable):

   i. Degree: ___________________________ Date: __________

   ii. Certification/License: ________________ Date: __________
B. Disciplines requiring a **Bachelor's Degree** and two years of full time (or part time equivalent) related experience, I possess the following degrees, experience and certification/licenses (if applicable)

i. Degree: Date:

ii. Certification/License: Date:

iii. Experience: Date:

C. Disciplines requiring an **Associate's Degree** and six years of full time (or part time equivalent) related experience, I possess the following degrees, experience and certification/licenses (if applicable)

i. Degree: Date:

ii. Certification/License: Date:

iii. Experience: Date:

2. **Professional and/or Vocational Experience:** (Attach additional info if needed)

3. **Other Qualifying Information:** (Attach additional info if needed)

I hereby certify that all statements herein are true and factual to the best of my knowledge. I understand that this application is subject to review and evaluation through established District procedures, and that the burden of proof for verifying that I meet any and all qualification standards required for the requested FSA rests solely with me as the applicant.
I understand this FSA application will be reviewed by the Faculty Qualification committee and College Academic Senate President, as well as the appropriate Vice President pursuant to current District procedures. I understand that their recommendation will be forwarded to the College President for review, and if approved, will be forwarded to the Office of Human Resources for approval by the Board of Trustees.

____________________________________________

Applicant Signature ____________________________

Date ____________________________

*An FSA application must be received in the appropriate Vice President’s Office on or before February 15 in order to be considered as a basis for reassignment in the event of reductions in force, program discontinuance, and/or lack of funding pursuant to the provisions of Education Code, during the academic year in which the application is received.*
SUMMARY OF ACTIONS ON APPLICATION FOR FACULTY SERVICE AREA

PART II:
Completed by appropriate college Vice President and President, Academic Senate

VP Office Action: FSA application is received and forwarded to Academic Senate for further review and action

Date:
Signature:

___________________________________________________________
Vice President  College

Academic Senate Action: FSA application is referred to the Faculty Qualification Committee for further review and action.

Date:
Signature:

____________________________________________________________
President Academic Senate  College
PART III:
Completed by Faculty Qualifications Committee
Faculty Qualifications Committee 
Action:

Date of Action:

Vote Count:  (Faculty Qualification Committee Members ONLY, Does not include the Dean)

FSA REQUESTED: ___________________________________

____Recommended  ______Not Recommended

If denied, rationale is as follows: (Attach additional sheets if needed)
______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Signatures of Faculty Qualifications Committee:

____________________________________________________________
Faculty Chair (Discipline/College) Date

____________________________________________________________
Faculty (Discipline/College) Date

____________________________________________________________
Faculty (Discipline/College) Date

____________________________________________________________
Dean * Non Voting Member (Division/College) Date

Upon completion, Faculty Qualifications Committee Chair returns completed form(s) to the appropriate VP office
PART IV:

Vice President and Academic Senate Action:

_____ FSA Approved       _____ FSA Not Approved

This step is required only if the FSA application is approved by the Faculty Qualifications Committee.

If denied, rationale is as follows: (Attach additional sheets if needed)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature acknowledges that the process has been followed.

Date of Action:

Signature:

__________________________________________________________________________

President Academic Senate    College    Date

__________________________________________________________________________

Vice President    College    Date
PART V:

President Action:

_____FSA Approved  _____FSA Not Approved

*This step is required only if the FSA application is approved by the Faculty Qualifications Committee. If denied, rationale is as follows: (Attach additional sheets if needed)*

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Signature acknowledges that the process has been followed.

Date of Action:

Signature:

__________________________________________  ______________________________
President College Date

PART VI

Human Resources Office Recording:

FSA Code:______ Faculty Service Area:________________________ Effective Date:__________

Date Entered in Personnel File:_______________

Board Review Date: __________________________

Board Report #: _____________________________ (completed by Human Resources)