NOTE
Please do not give these pages out to submit a Request. Use them to make as many copies as needed for Requests by Instructors.
ARIZONA ARCHAEOLOGICAL SOCIETY
DEPARTMENT OF CERTIFICATION

SECTION 3-F
PROCEDURE FOR PROCESSING INSTRUCTOR APPROVAL REQUEST

A. APPLICANT PROCEDURE

1. Obtain the approval request form from the Chapter’s Certification Department Representative.

2. Complete the form using the instruction sheet provided. Attach a check or money order for $6.00 for the approval request processing fee. Deliver the approval request, including all supporting documents, to the Chapter Representative for forwarding to the Department, or mail the approval request and supporting documents directly to the Review Committee Chair. (Name and address will be available from the Chapter Representative).

3. The applicant will be notified upon receipt of the approval request by the Department. If an initial review discloses inadequate or insufficient information in the approval request or supporting documentation, additional information may be requested.

B. REVIEW COMMITTEE PROCEDURES

1. The Review Committee Chair will reproduce the approval request and supporting documents and sent them to each member of the Review Committee.

2. The Review Committee will meet during or prior to each regularly scheduled meeting of the Department to discuss each pending approval request. The Committee will, through consensus, arrive at a recommendation and present it for consideration by the Department.

3. During that portion of the Department meeting specified in the meeting agenda for discussion of approval requests, the membership will take action on each approval request, following a presentation and discussion of the findings, conclusions, and recommendations of the Review Committee. The applicant may attend the Department meeting at which his or her approval request will be reviewed.

4. The Review Committee Chair will, within two weeks following the meeting, notify the applicant of the decision made on his or her approval request. If an approval request is denied, the notification shall include the basis for denial. A copy of the notification is sent to the Department Recorder to be filed.

5. When an approval request is accepted, the applicant is considered an Instructor for the specific Courses approved. Approval request files for Approved Instructors are sent to the Recorder for records retention and recording on the Certification Database.

6. For a denied Approval Request, the applicant may file a written and ask for re-evaluation of the Request. The appeal must be submitted to the Chapter Representative within 30 days following receipt of notification of denial. When an appeal is filed, the applicant is encouraged to provide additional information or supporting documents.
to address any deficiency identified in the basis for denial. At the next Department meeting, the appeal will be reviewed. Any additional information or supporting documents provided as part of the appeal will be considered in reaching a decision. The applicant may attend the Department meeting at which his or her appeal will be reviewed.
7. The Department will, within two weeks following the meeting, notify the applicant of the decision made on the appealed Approval Request. If the Approval Request is accepted following appeal, the applicant is considered an Instructor for the approved Courses, and the approved Request will be sent to the Recorder for retention and entry into the Certification Database. If the Approval Request is denied following appeal, the Department Chair shall notify both the applicant and the AAS State Chair of the decision. This notification shall include a detailed basis for denial.

8. For an appeal denied by the Department, a written appeal may be filed to the AAS State Chairman requesting reevaluation by the AAS State Board. The appeal shall be made within 30 days following receipt of notification of denial of appealed approval request from the Department Secretary. The AAS State Board will review the denial of the appealed approval request at a future AAS State Board meeting and render a decision on the approval request. The applicant may attend the AAS State Board meeting at which his or her denied approval request will be reviewed. If an appeal is directed to the AAS State Board, the decision by the Board is final.

Applicants are invited to contact the Chapter Representative regarding the completion of the approval request and the processing procedures. A timely response to any inquiries about the approval request will allow for expeditious processing.
INSTRUCTIONS FOR INSTRUCTOR APPROVAL REQUEST

1. Read the entire approval request before responding.

2. Assemble the appropriate supporting documents to attach to the completed approval request.

3. Refer to Tab 3-F, Page 1, Paragraph A.2. for submitting the approval request. Applicants are encouraged to list as many courses as they wish to teach in their Instructor Approval Request.

4. The approval request must be received by the Department at least four weeks prior to the scheduled date of the meeting at which the approval request is to be considered. If less time is allowed, consideration of the approval request may be delayed until the next regularly scheduled meeting, resulting in an approximately two-month delay.

5. **Personal Supporting Documents:** Please provide only copies of supporting documents with the approval request. **PLEASE DO NOT SEND ANY OF YOUR ORIGINAL DOCUMENTS.** Retain a copy of the approval request for record purposes.

6. Include with the approval request any additional information that supports the ability to teach each of the Certification Courses stipulated in the approval request, and which will aid the Review Committee in its evaluation.

7. The approval request may not be immediately processed, and follow-up contact, or the return of the approval request may be required, if:

   a. The processing fee is not enclosed with the approval request.

   b. The form is not properly completed.

   c. There is insufficient supporting documentation.

   d. Any items of supporting documentation are judged inadequate.

8. A returned approval request will result in at least a two-month delay before the it can again be considered by the Review Committee and the Department.

9. An applicant may attend the Department’s meeting at which his or her approval request is to be reviewed. Information regarding the Department meeting dates and agenda may be obtained from the Chapter Representative or the Department Chair.
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INSTRUCTOR APPROVAL REQUEST

A. GENERAL INFORMATION

Name ______________________________
Signature________________________________
Date____________________
Address_________________________________
City____________________State_____Zip______
Telephone  Home (    )__________________________
                  Office (      )_______________________
E-mail___________________________________

FOR USE BY CERTIFICATION COMMITTEE ONLY

Waiver Request Received
By ______________________________
Date Received
Fee Included $________________
Committee Recommends
__________________________________
Date____________________
Department Decision
__________________________________
Date____________________
Signed By ______________________________
Date Informed __________________________
Signature________________________________

PLEASE PROVIDE COMPLETE INFORMATION FOR ALL QUESTIONS. INDICATE “NA” (NOT APPLICABLE) WHERE APPROPRIATE. ATTACH ADDITIONAL INFORMATION SHEETS AS NEEDED.

B. ACTION SOUGHT - INSTRUCTOR APPROVAL

1. General Information Indicate the Chapters you are planning to instruct__________________________

   Proposed location and date of planned class

   Check the box of courses requested for approval

   Prehistoric Architectural Analysis
   Prehistory of the Southwest
   Recorder
   Rock Art Recorder
   Shell Identification & Analysis
   Stabilization and Reconstruction
   Survey Techniques
   Survey Techniques II, Crew Chief
   Writing Preliminary Reports
   Zooarchaeology, Faunal Analysis

   Ceramic Identification and Analysis Identify Regions ______________________________
   Advanced Southwest Archaeology Identify Regions ______________________________
B. ACTION SOUGHT (continued)

2. Approval is requested to instruct. Please check boxes as appropriate. If approval is requested for more than one class, provide this information for each class.

   Class work - Partial or Full time
   Fieldwork - Partial or Full time

3. Please list three references. Letters from your references are optional but may be sent to the Chapter Representative or the Review Committee Chairperson if the applicant believes they will contribute additional supportive information.

<table>
<thead>
<tr>
<th>NAME OF REFERENCE</th>
<th>TITLE</th>
<th>ADDRESS</th>
<th>DATE OF FIRST ASSOCIATION</th>
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C. QUALIFICATIONS TO SUPPORT YOUR INSTRUCTOR APPROVAL REQUEST

1. Are you aware of, and do you understand, the AAS course and/or field requirements for certification in this course?
   Yes - No

2. Explain your reason and purpose for requesting instructor approval.

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

3. Professional Information Applicable to the Request.
   a. Are you making this request for yourself?  Yes  No
b. Present job title ________________________________

c. Former Job Title, if present job held less than two years. ________________________________

d. Present Affiliation ________________________________

e. Education

• School __________________ Location ____________
  • Degree _____________________________ Date _______
• School __________________ Location ____________
  • Degree _____________________________ Date _______

f. Major Specialization __________ For________ Degree.

g. Minor Specialization __________ For________ Degree.

h. Employment Record for past five years, if applicable to this request.

• Affiliation __________________ Location ____________
  Position __________ Dates ______ to ________
• Affiliation __________________ Location ____________
  Position __________ Dates ______ to ________

i. Professional Organizational Affiliations __________________

________________________________________
________________________________________

j. Professional Honors, Grants, Awards. Please provide supporting documentation.
________________________________________
________________________________________
________________________________________
C. QUALIFICATIONS TO SUPPORT YOUR INSTRUCTOR APPROVAL REQUEST (continued)

4. Previous Experience. Have you taught this course or a similar course on a previous occasion? If so, please document:

a. Organization __________________ Location __________

   Course Title ____________________________

   Description of Course ____________________________

   # of Students _____ Course included Fieldwork? Yes No

b. If you are applying to teach more than one course, please supply the information requested in 4.a. above for each additional course. Use “Additional Information Sheets” as needed. Only one fee is required.

D. ADDITIONAL INFORMATION IN SUPPORT OF INSTRUCTOR REQUEST

Provide detail of lectureships or courses taught which are applicable to an Instructor’s activities and responsibilities. Each entry should state the kind of experience, place and date, the nature of it, whether volunteer or paid, etc.

1. Lecture Experience

1st. Course Title __________________ Credit Hours ______

   Check all applicable, Instructor, Paid, Student, Volunteer, Other ____________________________

   Estimate days_______ or hours_______ of classroom work.

   Course Description ____________________________

2nd. Course Title __________________ Credit Hours ______

   Check all applicable, Instructor, Paid, Student, Volunteer, Other ____________________________

   Estimate days_______ or hours_______ of classroom work.

   Course Description ____________________________
2. Field Experience

1st Project Name _______________ Location _____________

Institution/Sponsor __________________________

Supervisor _______________ Assistant ____________

Project Dates, Start _________ Finish _____________

Estimated Days _____ or Hours_____ of field experience.

Your status on the project _________________________

Description of experience and/or training ____________

2nd Project Name _______________ Location _____________

Institution/Sponsor __________________________

Supervisor _______________ Assistant ____________

Project Dates, Start _________ Finish _____________

Estimated Days _____ or Hours_____ of field experience.

Your status on the project _________________________

Description of experience and/or training ____________
2. Field Experience (continued)

<table>
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<tr>
<th>Project Name</th>
<th>Location</th>
<th>Institution/Sponsor</th>
<th>Supervisor</th>
<th>Assistant</th>
<th>Project Dates, Start</th>
<th>Finish</th>
<th>Estimated Days or Hours of field experience.</th>
<th>Your status on the project</th>
<th>Description of experience and/or training</th>
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<th>Project Dates, Start</th>
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| Project Name | Location | Institution/Sponsor | Supervisor | Assistant | Project Dates, Start | Finish | Estimated Days or Hours of field experience. | Your status on the project | Description of experience and/or training |
|--------------|----------|----------------------|------------|-----------|----------------------|--------|-----------------------------------------------|-----------------------------|                                          |
|              |          |                      |            |           |                      |        |                                               |                             |                                          |
E. MATTERS RELATING TO THE COURSES APPLICANT INTENDS TO TEACH

As may be pertinent, briefly discuss the facilities and opportunities available to the Instructor and to the Chapter for the instruction of the courses. Include mention of such matters as classroom space, number of students expected to be taught, visual aids, guest lecturers, laboratory space and equipment, catalog facilities, repository for housing collections, sites to be excavated, areas for survey, permits required, and persons who will assist with instruction.
F. DOCUMENTATION - ITEMS SUBMITTED IN SUPPORT OF THIS REQUEST

DO NOT SEND ORIGINAL DOCUMENTS.

List all of the documents submitted, in copy form, for consideration by the Review Committee in support of this Request, such as vita, transcript, lecture syllabus, letters of verification and/or reference, published and/or unpublished reports, reviews, etc.

1. 

2. 

3. 

4. 

5. 

6. 

7. 

8. 

9. 

10. 

Continue listing on Additional Information Sheets as needed.
G. Use this page and additional pages if needed for additional comments in support of your Approval Request.