

INSTRUCTOR APPROVAL REQUEST

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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

Archaeoastronomy of the Southwest

Archaeological Mapping Techniques

Archaeological Photography

Field Crew Member I

Field Crew Member II

Historical Archaeology I

Introductory Human Osteology

Laboratory Techniques

Lithic Identification & Analysis

Paleoindian and Archaic Archaeology

Pottery Technology

Ceramic Identification and Analysis Identify Regions _____

Advanced Southwest Archaeology Identify Regions _____

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

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.

NAME OF REFERENCE	TITLE	ADDRESS	DATE OF FIRST ASSOCIATION
1 st _____	_____	_____ _____ _____	_____
2 nd _____	_____	_____ _____ _____	_____
3 rd _____	_____	_____ _____ _____	_____

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 _____

3rd. Course Title _____ Credit Hours _____

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

Estimate days _____ or hours _____ of classroom work.

Course Description _____

4th. 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)

3rd 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 _____

4th 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 _____

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.



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