**Faculty name: Portal ID:**

**Section 1 – to be completed by faculty**

|  |  |
| --- | --- |
| Complete the Online Certification Assessment[https://fsw.qualtrics.com/jfe/form/SV\_3eKTkyTCKmq7xFX](https://fsw.qualtrics.com/jfe/form/SV_3eKTkyTCKmq7xFX%22%20%5Ct%20%22_blank) | Date Completed: |
| I have demonstrated competency in the LMS by:*(Check ONE)** Meeting 95% of Canvas outcomes as documented in my online certification assessment results
* Completing FSW Growing with Canvas online training
* Completing FSW Camp Canvas in-person training
 | Date Completed: |

I certify that all information given above is correct and agree to uphold the FSW Guidelines for Online Learning.

Faculty Signature: Date:

**Section 2 – to be completed by the eLearning Coordinator**

|  |
| --- |
| Suggested training for faculty to complete:* Faculty mentoring with eLearning Coordinator
* QM – Creating Presence in Your Online Course
* QM – Improving Your Online Course
* DEV 101
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

I have reviewed the faculty member’s online teaching history and have met the faculty member to discuss online pedagogy and FSW institutional policies.

eLearning Coordinator Signature: Date:

**Section 3 – to be completed by the Academic Dean or Dept. Chair**

I have reviewed the faculty member’s online teaching certification and acknowledge that the faculty member has been certified to teach online classes.

Dean or Chair Signature: Date: