**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" \t "_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: