

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT

Request for Specific Equivalencies to Minimum Qualification for a Discipline/Program

FORM I

Each time a department wants to alter its agreed upon equivalencies for all discipline hirings, it must file a new "Request for Equivalencies to Minimum Qualifications" form.

Name of the Discipline: Public Safety Training Facilitator

1) List the current Minimum Qualifications for the discipline:

AA or AS degree + 6 years experience
or
BA or BS degree + 2 years experience
or
MA or MS degree

2) List the equivalencies that the Department accepts as valid:

All of the following:

- a. 6 years full time, related work experience in Public Safety/ Health/ Rescue/ Security or Disaster Mitigation.
- b. Educational Methods Courses: Fire Instructor 1-A and 1-B or 60 clock hours methods course, or 6 months of on-the-job training officers apprenticeship.

3) Rationale:

Public Safety training requires up-to-date experiences in the methods, protocols and procedures those professional agencies responsible for the disaster prevention and mitigation must practice. This Training Facilitator part-time faculty position provides quality of instruction over-sight, meeting appropriate California Health/ Safety and Administrative Code requirements. An original letter from the Chief Administrative Officer or Chief Training Officer of the agency in which the instructor is employed may document all of the above qualifications

Submitted by: Donald E. Mahany

Department: Fire Technology

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HUMAN RESOURCES/RSCCD

Judy Chittick Approved
10-10-12

REQUIRED SIGNATURES

SAC Department Chair or designee: _____

A signature indicates support for the equivalency and agreement that the proposed qualifications are equivalent to the minimum qualifications of the discipline.

Signature: _____

Date: _____

SCC Department Chair or designee: _____

A signature indicates support for the equivalency and agreement that the proposed qualifications are equivalent to the minimum qualifications of the discipline.

Signature: _____

Date: _____

Three faculty from the Department, FSA, Discipline or Division:

A signature indicates support for the equivalency and agreement that the proposed qualifications are equivalent to the minimum qualifications of the discipline.

1) Faculty's Name: Terri Wann

Signature: _____

Date: _____

2) Faculty's Name: Kristina A. Ross

Signature: _____

Date: _____

3) Faculty's Name: Suzanne Freeman

Signature: _____

Date: _____

Academic Senate/Representative: _____

A signature indicates support for the equivalency and agreement that the proposed qualifications are equivalent to the minimum qualifications of the discipline.

Signature: _____

Date: _____

Academic Dean/Supervisor: _____

Signature indicates receipt of equivalency request.

Signature: _____

Date: _____

SAC Academic Senate President: _____

Signature: _____

Approved ☒

Denied ☐

Date: _____

SCC Academic Senate President: _____

Signature: _____

Approved ☐

Denied ☐

Date: _____

Reason for Denial:

College President or Designee: _____

Signature: _____

Date: _____

If not approved at any level, the form will be returned to the appropriate Department Equivalency Committee.