

Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum gualifications for the associated discipline. and The list of established disciplines corresponding minimum qualifications is available at http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012 2014.pdf. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to ehiro@palomar.edu. (Due March 2020)

| Department: Business                    |   |                     |
|---|---|---------------------|
| Faculty Service Area: Accounting        |   |                     |
| No changes to FSA necessary $\ \square$ | Changes to FSA requested $\ \Box old X$ | New FSA requested 🛛 |

**Current FSA:** Enter current FSA language for the discipline. Start <u>here</u>. If you don't find it listed, then try <u>here</u>. If it isn't there either, then go to the next box and create a new FSA.

FSA-Accounting Competency A. Possession of the minimum qualifications in Accounting as determined by the State Academic Senate and the Board of Governors, AND B. Minimum of two semesters' part-time experience teaching Accounting courses at an accredited post-secondary institution within the previous three years, OR C. Must have a minimum of one year's full-time work experience in Accounting within the past three years.

**Changes to FSA or New FSA:** For an *existing* FSA, enter the revised FSA competencies below. For a *new* FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.

Competency:

A. Possession of the minimum qualifications in Accounting as determined by the State Academic Senate and the Board of Governors, OR the equivalent, AND

B. Minimum of two semesters of work experience teaching Accounting courses at an accredited post-secondary institution within the previous three years.

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| Approved                                 | Denied 🗆 | Date of decision: |
| Reason for denial of request, if appli   | cable:   |                   |



Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. established disciplines and corresponding minimum qualifications The list of is available at http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012\_2014.pdf. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to <u>ehiro@palomar.edu</u>. (Due March 2020)

| Department: Multicultural Studies:   |   |  |
|--|---|--|
| Faculty Service Area: Africana Studies   |   |  |
| No changes to FSA necessary $X\Box$  | Changes to FSA requested $\ \square$  | New FSA requested $\ \square$                      |
| <b>Current FSA:</b> Enter current FSA languag there either, then go to the next box and c  | e for the discipline. Start <u>here</u> . If you don't<br>create a new FSA. | find it listed, then try <u>here</u> . If it isn't |
| <ul> <li>FSA-Africana Studies A) Possession of minimum qualifications in Africana Studies as determined by the State Academic Senate and the Board of Governors; AND</li> <li>B) Must have taught at least three classes over a minimum of two semesters in Africana Studies at Palomar or in an accredited post-secondary institution within the previous three years.</li> </ul> |   |  |
|  |   |  |
| Changes to FSA or New FSA: For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.   |   |  |
| Form completed by: Rodolfo Jacobo  |   | Date submitted:4/9/2020                            |

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| Approved                                     | Denied 🗆 | Date of decision: |  |
| Reason for denial of request, if applicable: |          |                   |  |
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| Department: American Indian Studies/American Studies |   |                               |
|--|---|-------------------------------|
| Faculty Service Area: American Indian Studies        |   |                               |
| No changes to FSA necessary 🛛                        | Changes to FSA requested $\ \Box old X$ | New FSA requested $\ \square$ |

**Current FSA:** Enter current FSA language for the discipline. Start <u>here</u>. If you don't find it listed, then try <u>here</u>. If it isn't there either, then go to the next box and create a new FSA.

### **FSA- American Indian Studies**

Competency

A. Possession of the minimum qualifications for Interdisciplinary Studies, or the equivalent, as determined by the State Academic Senate and the Board of Governors, AND by meeting one of the sets of qualifications indicated in items B through D below: B. Master's in American Indian Studies; OR

C. Master's in American Studies and a Bachelor's in American Indian Studies; OR

D. Master's in the related interdisciplinary area with appropriate course work in American Indian Studies; AND

E. Must have taught part-time for a minimum of two semesters, within the last three years, both *American Indian Frontier from Colonialism through the Present,* and *American Indians and the U.S. Political System.* In addition the candidate must be sufficiently familiar with American Indian Studies and/or American Studies at the introductory level as evidenced by teaching experience, research and/or graduate level coursework; AND

F. Possess evidence of consistently strong student and peer evaluations, indicating the ability to contribute to the currency in the fields of American Indian Studies, American Studies.

**Changes to FSA or New FSA:** For an *existing* FSA, enter the revised FSA competencies below. For a *new* FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.

FSA – Interdisciplinary Studies Competency

- A. Possession of the minimum qualifications for Interdisciplinary Studies, or the equivalent, as determined by the State Academic Senate and the Board of Governors, AND by meeting one of the sets of qualifications indicated in items B through D below:
- B. Master's in American Indian Studies; OR

C. Master's in American Studies and a Bachelor's in American Indian Studies; OR

D. Master's in the related interdisciplinary area with appropriate course work in American Indian Studies; AND

E. Must have taught part-time for a minimum of two semesters, within the last three years in American Indian Studies or American Studies. The candidate must be sufficiently familiar with American Indian Studies and/or American Studies at the introductory level as evidenced by teaching experience, research and/or graduate level coursework; AND F. Possess evidence of consistently strong student and peer evaluations, indicating the ability to contribute to the currency in the fields of American Indian Studies, American Studies.

Form completed by:

Date submitted:

| FACULTY SERVICE AREAS COMMITTEE USE ONLY |          |                   |
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| Approved                                 | Denied 🗆 | Date of decision: |
| Reason for denial of request, if applic  | cable:   |                   |



| Department: Speech/ASL   |   |                                |
|--|---|--------------------------------|
| Faculty Service Area: American Sign I  | Language  |                                |
| No changes to FSA necessary $\ \square$  | Changes to FSA requested □X   | New FSA requested 🛛            |
| <b>Current FSA:</b> Enter current FSA languation<br><u>here</u> . If it isn't there either, then go to | age for the discipline. Start <u>here</u> . If you<br>the next box and create a new FSA.                                      | don't find it listed, then try |
| FSA-American Sign Language<br>Competency<br>A. Possession of the minimum qualific                      | cations in Sign Language as determined  | d by the State Academic Senate |
| and the Board of Governors; AND  |   |                                |
| and causes for deafness, sociological  | on and ability to demonstrate knowled<br>perspectives on deafness, psychologica<br>m, bi-lingual, residential) and in relatic | al perspectives of deafness in |
| C. Recent evaluations by a local interp<br>Registry for Interpreters of the Deaf a                     | preter evaluation board (Mesa College,<br>nd have obtained a top level score.   | , Palomar College) or by the   |
| required. Knowledge of anthropologic   | preters and knowledge of recent resea<br>cal/ethnographical techniques for culti<br>ted experience in all areas of ASL/Engli  | ural study and ethnographical  |
| -  | <i>xisting</i> FSA, enter the revised FSA com<br>SA below. Attach additional sheets if  | •                              |
| -  | cations for American Sign Language, or<br>e Board of Governors, AND by meeting  | -                              |
| •  | inimum of two semesters, within the la<br>ate must be sufficiently familiar with D  |                                |

at the introductory level as evidenced by teaching experience, research and/or graduate level coursework; AND

C Possess evidence of consistently strong student and peer evaluations, indicating the ability to contribute to the currency in the fields of American Sign Language and Deaf Studies.

Form completed by: Mary "Liz" Mendoza

Date submitted: 02 December 2019

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|--|----------|-------------------|--|
| Approved                                 | Denied 🗆 | Date of decision: |  |
| Reason for denial of request, if app     | licable: |                   |  |



Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available at <a href="http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012\_2014.pdf">http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012\_2014.pdf</a>. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to <a href="http://ehiro@palomar.edu">ehiro@palomar.edu</a>. (Due March 2020)

| Department: Speech/ASL   |  |  |
|--|--|--|
| Faculty Service Area: American Sign Language - Interpreting  |  |  |
| No changes to FSA necessary $\ \square$  | Changes to FSA requested $\ \square$   | New FSA requested $\ \Box old X$                   |
| <b>Current FSA:</b> Enter current FSA languag<br>there either, then go to the next box and o   | ge for the discipline. Start <u>here</u> . If you don't<br>create a new FSA.                   | find it listed, then try <u>here</u> . If it isn't |
|  | <i>xisting</i> FSA, enter the revised FSA compet<br>below. Attach additional sheets if needed. | encies below. For a <i>new</i> FSA,                |
| A. Possession of the minimum qualific<br>by the State Academic Senate and the  | cations for ASL-English Interpreting, or<br>e Board of Governors, AND                          | the equivalent, as determined                      |
| B. Must have taught ASL-English Translation and/or Interpretation, or related field, for a minimum of two semesters within the last three years. In addition, the candidate must be sufficiently familiar with ASL-English Translation and/or Interpretation at the introductory level as evidenced by teaching experience, research and/or graduate level coursework; AND |  |  |
| -  | rong student and peer evaluations, ind<br>glish Translation and/or Interpretatior              |  |
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Form completed by: Mary "Liz" Mendoza

Date submitted: 02 December 2019

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| Approved                                     | Denied 🗆 | Date of decision: |
|--|----------|-------------------|
| Reason for denial of request, if applicable: |          |                   |
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| Department: Anthropology   |                                 |                           |
|--|---------------------------------|---------------------------|
| Faculty Service Area: Anthropology   |                                 |                           |
| No changes to FSA necessary $\ \square$  | Changes to FSA requested        | New FSA requested 🛛       |
| <b>Current FSA:</b> Enter current FSA language for the discipline. Start <u>here</u> . If you don't find it listed, then try <u>here</u> . If it isn't there either, then go to the next box and create a new FSA. |                                 |                           |
| A Possession of the minin  | num qualifications in Anthropol | logy as determined by the |

- A. Possession of the minimum qualifications in Anthropology as determined by the State Academic Senate and the Board of Governors; AND
- B. Minimum of two semesters' part-time experience at an accredited postsecondary institution within the previous three years in Biological Anthropology and Cultural Anthropology. In addition, the candidate must be sufficiently familiar with Archaeology and Comparative Societies to teach them at an introductory level; AND
- C. Competence in the Ethnology, the Dynamics of Culture Change, Archaeology, Biological Anthropology, and the history of Anthropology. Competence can be demonstrated by the passing of corresponding graduate school exams, by corresponding graduate school transcripts, or by publication in standard journals of the discipline; AND
- D. Evidence of consistently strong student and peer evaluations, indicating the ability to contribute to the Anthropology program as it's currently offered; and demonstrated professional non-teaching activities in the field of Anthropology over the previous three years, such as attending conferences, making presentations, or publications.

**Changes to FSA or New FSA:** For an *existing* FSA, enter the revised FSA competencies below. For a *new* FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.

- A. Possession of the minimum qualifications in Anthropology as determined by the State Academic Senate and the Board of Governors; AND
- B. Minimum of two semesters' part-time experience teaching Anthropology at an accredited post-secondary institution within the previous three years; AND
- C. Demonstrated evidence of breadth and depth of teaching in the discipline, at least three separate courses or their equivalent (e.g. Anth 100, Anth 100L, Anth 105, Anth 107, Anth 110, Anth 135, and Anth 137; not three sections of Anth 105); AND
- D. Evidence of positive student and peer evaluations, indicating the ability to contribute to the Anthropology program at its present level.

Form completed by:

Date submitted:

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| Department: Photographic Technology                                       |  |  |  |
|---|--|--|--|
| Faculty Service Area: Applied Photography                                 |  |  |  |
| No changes to FSA necessary  Changes to FSA requested X New FSA requested |  |  |  |

**Current FSA:** Enter current FSA language for the discipline. Start <u>here</u>. If you don't find it listed, then try <u>here</u>. If it isn't there either, then go to the next box and create a new FSA.

Photography Competency A. Possession of the minimum qualifications in Photographic Technology/Commercial Photography as determined by the State Academic Senate and the Board of Governors; AND B. Minimum of five years' part-time experience in photographic work, OR C. A.A. in Photography or directly related field, with a minimum of seven years' experience in photographic work; OR D. M.A. in Photography or directly related field; AND E. Minimum of one semester part-time teaching experience in Photography within the previous year or an equivalent instruction through private and/or public photography workshops; AND F. Have been actively creating photography for the previous five years, as evidenced by a portfolio of photographic work from the previous five years which exhibits mastery of technical and aesthetic applications in current photographic trends.

**Changes to FSA or New FSA:** For an *existing* FSA, enter the revised FSA competencies below. For a *new* FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.

1. Possession of the minimum qualifications in Applied Photography as determined by the State Academic Senate and the Board of Governors; AND

2. Minimum of 5 years' part-time work experience in the field of photography, design, advertising agencies, publishers, or recognized companies in the field of photography; AND

- 3. Acceptable portfolio of photography demonstrating a high-level of technical competence, OR
- 4. Minimum of two years part-time experience teaching Applied Photography courses at an accredited post-secondary institution.

Form completed by: Scott Klinger

Date submitted: 3/5/20

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| Approved  Denied  Denied  Date of decision: |        |  |  |
| Reason for denial of request, if appli      | cable: |  |  |



| Department: Arts  |  |  |  |
|---|--|--|--|
| Faculty Service Area: Arts  |  |  |  |
| No changes to FSA necessary ${f X}$   | Changes to FSA requested $\ \square$   | New FSA requested 🛛                                |  |
| <b>Current FSA:</b> Enter current FSA language there either, then go to the next box and cr       |  | find it listed, then try <u>here</u> . If it isn't |  |
| Department: Arts  |  |  |  |
| Discipline: Art (includes all Studio Arts<br>& Metalsmithing)                                     | programs: Painting, Ceramics, Glass,   | , Sculpture, Crafts, and Jewelry                   |  |
| FSA- Arts   |  |  |  |
| Competency  |  |  |  |
| A. Possession of the minimum qual   | ifications in Art as determined by the | State Academic                                     |  |
| Senate and the Board of Governors   | ;                                      |  |  |
| AND   |  |  |  |
| B. Minimum of four semesters' part  | -time teaching experience in art at an | accredited post-                                   |  |
| secondary institution within the  | previous five years.                   |  |  |
| <b>Changes to FSA or New FSA:</b> For an <i>exis</i><br>enter the competencies for the new FSA be |  |  |  |
| None.   |  |  |  |
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| Form completed by: Mark Hudelson  |  | Date submitted: 2/16/20                            |  |

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| Approved  Denied  Denied  Date of decision: |  |  |  |

Reason for denial of request, if applicable:



| Department: Arts   |   |                                     |  |  |
|--|---|-------------------------------------|--|--|
| Faculty Service Area: Art History  |   |                                     |  |  |
| No changes to FSA necessary X Changes to FSA requested □ New FSA requested □   |   |                                     |  |  |
| <b>Current FSA:</b> Enter current FSA language for the discipline. Start <u>here</u> . If you don't find it listed, then try <u>here</u> . If it isn't there either, then go to the next box and create a new FSA. |   |                                     |  |  |
| Department: Arts   |   |                                     |  |  |
| Discipline: Art History (includes all lec  | ture classes)   |                                     |  |  |
| FSA-Art History  |   |                                     |  |  |
| Competency   |   |                                     |  |  |
| A. Possession of the minimum qua   | alifications in Art as determined by the  | State Academic                      |  |  |
| Senate and the Board of Governors; AND   |   |                                     |  |  |
| B. Minimum of two semesters' part-time experience teaching Art and/or Art History classes  |   |                                     |  |  |
| at an accredited post-secondary institution.   |   |                                     |  |  |
|  | <i>tisting</i> FSA, enter the revised FSA competed pelow. Attach additional sheets if needed. | encies below. For a <i>new</i> FSA, |  |  |
| None.  |   |                                     |  |  |
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| Form completed by: Mark Hudelson   |   | Date submitted: 2/16/20             |  |  |

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| Approved  Denied  Denied  Date of decision:  |          |  |  |
| Reason for denial of request, if applicable: |          |  |  |
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| Department: Arts   |   |                                     |  |  |
|--|---|-------------------------------------|--|--|
| Faculty Service Area: Art History  |   |                                     |  |  |
| No changes to FSA necessary X Changes to FSA requested □ New FSA requested □   |   |                                     |  |  |
| <b>Current FSA:</b> Enter current FSA language for the discipline. Start <u>here</u> . If you don't find it listed, then try <u>here</u> . If it isn't there either, then go to the next box and create a new FSA. |   |                                     |  |  |
| Department: Arts   |   |                                     |  |  |
| Discipline: Art History (includes all lec  | ture classes)   |                                     |  |  |
| FSA-Art History  |   |                                     |  |  |
| Competency   |   |                                     |  |  |
| A. Possession of the minimum qua   | alifications in Art as determined by the  | State Academic                      |  |  |
| Senate and the Board of Governors; AND   |   |                                     |  |  |
| B. Minimum of two semesters' part-time experience teaching Art and/or Art History classes  |   |                                     |  |  |
| at an accredited post-secondary institution.   |   |                                     |  |  |
|  | <i>tisting</i> FSA, enter the revised FSA competed pelow. Attach additional sheets if needed. | encies below. For a <i>new</i> FSA, |  |  |
| None.  |   |                                     |  |  |
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| Form completed by: Mark Hudelson   |   | Date submitted: 2/16/20             |  |  |

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| Approved  Denied  Denied  Date of decision:  |          |  |  |
| Reason for denial of request, if applicable: |          |  |  |
|  | Denied 🗆 |  |  |



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| Department: Department of Earth, Space, & Environmental Sciences   |  |                         |  |  |
|--|--|-------------------------|--|--|
| Faculty Service Area: Astronomy  |  |                         |  |  |
| No changes to FSA necessary X Changes to FSA requested Changes to FSA r |  |                         |  |  |
| <b>Current FSA:</b> Enter current FSA language for the discipline. Start <u>here</u> . If you don't find it listed, then try <u>here</u> . If it isn't there either, then go to the next box and create a new FSA.   |  |                         |  |  |
| Senate and the Board of Gover<br>AND   | rt-time teaching experience in Astrono | ·                       |  |  |
| Changes to FSA or New FSA: For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.   |  |                         |  |  |
| Form completed by:   | Cathy Jain                             | Date submitted: 4/22/20 |  |  |

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| Approved  Denied  Denied  Date of decision: |        |  |  |
| Reason for denial of request, if appli      | cable: |  |  |



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| Department: Life Sciences  |                |  |
|--|----------------|--|
| Faculty Service Area: Biological Scien                                   | ces Competency |  |
| No changes to FSA necessary  Changes to FSA requested  New FSA requested |                |  |

**Current FSA:** Enter current FSA language for the discipline. Start <u>here</u>. If you don't find it listed, then try <u>here</u>. If it isn't there either, then go to the next box and create a new FSA.

Department: Life Sciences FSA-Biological Science Competency

- A. Possession of the minimum qualifications in Biological Sciences as determined by the State Academic Senate and the Board of Governors; AND
- B. Minimum of two semesters' part-time teaching experience in the FSA at an accredited postsecondary institution within the previous five years.

**Changes to FSA or New FSA:** For an *existing* FSA, enter the revised FSA competencies below. For a *new* FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.

#### Department: **Biology**

FSA - Biological Science Competency

- A. Possession of the minimum qualifications in Biological Sciences as determined by the State Academic Senate and the Board of Governors; AND
- B. Minimum of two semesters part-time or full-time teaching experience in the FSA at an accredited post-secondary institution within the previous three years: AND
- C. Evidence of consistently strong student and peer evaluations in two or more of the courses offered by the Biology Department.

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| Approved  Denied  Denied  Date of decision: |        |  |
| Reason for denial of request, if appli      | cable: |  |



| Department: Media Studies  |   |                                      |
|--|---|--------------------------------------|
| Faculty Service Area: Digital Broadcast Arts   |   |                                      |
| No changes to FSA necessary <pre>□</pre>   | Changes to FSA requested X  | New FSA requested 🛛                  |
| <b>Current FSA:</b> Enter current FSA language for the discipline. Start <u>here</u> . If you don't find it listed, then try <u>here</u> . If it isn't there either, then go to the next box and create a new FSA. |   |                                      |
| FSA-Digital Broadcast Arts/Radio and Te  |   |                                      |
|  | fications in Film Making Video Production<br>ic Senate and the Board of Governors;  | and/or Radio/Television as           |
| course work at an accredited pos   | Arts requires a minimum of two semesters<br>t-secondary institution in the discipline(s) v<br>ime teaching experience during the last fiv       | within the previous five years, or a |
| C. Have been actively creating and   | working for the previous five years, as evid<br>c applications in current Radio and/or Tele   |                                      |
|  | <i>visting</i> FSA, enter the revised FSA competed below. Attach additional sheets if needed.   |                                      |
| Broadcasting Competency  |   |                                      |
| A. Possession of the minimum qu<br>Senate and the Board of Governo   | alifications in Broadcasting Technology as<br>prs;  | determined by the State Academic     |
| AND  |   |                                      |
| last five years that immediately p   | pective field/discipline for which they are se<br>recede date of application, as evidenced b<br>al network affiliate, terrestrial radio station | y the production of regular*         |
| *Regular is defined as:<br>Episodic TV - Monthly<br>Film – Annually<br>Radio – Weekly<br>Podcasts – Weekly   |   |                                      |
| or any combination thereof;  |   |                                      |



Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. and The list of established disciplines corresponding minimum qualifications is available at http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012 2014.pdf. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to ehiro@palomar.edu. (Due March 2020)

| Department: Business                    |   |                     |
|---|---|---------------------|
| Faculty Service Area: Business          |   |                     |
| No changes to FSA necessary $\ \square$ | Changes to FSA requested $\ \Box old X$ | New FSA requested 🛛 |

**Current FSA:** Enter current FSA language for the discipline. Start <u>here</u>. If you don't find it listed, then try <u>here</u>. If it isn't there either, then go to the next box and create a new FSA.

### FSA- Business Competency

A. Possession of the minimum qualifications in one of the following: Banking and Finance, Business, Management, Marketing, Industrial Relations, International Business, Labor Relations, Law, Retailing, Real Estate, or Legal Assisting, as determined by the State Academic Senate and the Board of Governors, AND

B. Minimum of two semesters' part-time experience teaching Business courses at an accredited post-secondary institution within the previous three years, OR

C. Must have a minimum of one year's full-time work experience in Business within the past three years.

**Changes to FSA or New FSA:** For an *existing* FSA, enter the revised FSA competencies below. For a *new* FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.

Department: Business

A. Possession of the minimum qualifications in Business as determined by the State Academic Senate and the Board of Governors OR the equivalent, AND

B. Minimum of two semesters of work experience teaching Business courses at an accredited post-secondary institution within the previous three years.

| Form completed by: | Jackie Martin | Date submitted:5/9/2020 |
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| Reason for denial of request, if applicable: |          |                   |
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| Department: Chemistry   |  |  |
|---|--|--|
| Faculty Service Area: Chemistry   |  | -  |
| No changes to FSA necessary $X\Box$   | Changes to FSA requested $\ \square$   | New FSA requested 🛛                                |
| <b>Current FSA:</b> Enter current FSA languathere either, then go to the next box and   | ge for the discipline. Start <u>here</u> . If you don't<br>create a new FSA. | find it listed, then try <u>here</u> . If it isn't |
| A. Possession of the minimum qua<br>Board of Governors, AND   | ifications in Chemistry as determined by th                                  | e State Academic Senate and the                    |
| <ul> <li>B. Minimum of one semester part-ti<br/>post-secondary institution within</li> </ul>  | me teaching experience in chemistry, lectu<br>the previous three years.      | re or laboratory, at an accredited                 |
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| <b>Changes to FSA or New FSA:</b> For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed. |  |  |
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| Form completed by: Jennifer Zabzd   | yr Date submitted:   | 11/08/2019   |

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| Reason for denial of request, if applicable: |          |                   |
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| Department: Multicultural Studies:  |   |  |
|---|---|--|
| Faculty Service Area: Chicano Studies   |   |  |
| No changes to FSA necessary $X\Box$   | Changes to FSA requested $\ \square$  | New FSA requested $\ \square$                      |
| <b>Current FSA:</b> Enter current FSA languag there either, then go to the next box and c   | e for the discipline. Start <u>here</u> . If you don't<br>create a new FSA. | find it listed, then try <u>here</u> . If it isn't |
| <b>FSA-Chicano Studies</b> A) Possession of<br>Academic Senate and the Board of Gover<br>B) Must have taught at least three classe<br>accredited post-secondary institution with                                | rnors; <b>AND</b><br>es over a minimum of two semesters in Ch               | -  |
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|   |   |  |
| <b>Changes to FSA or New FSA:</b> For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed. |   |  |
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| Form completed by: Rodolfo Jacobo   |   | Date submitted:4/9/2020                            |

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| Approved     Date of decision:       Reason for denial of request, if applicable:     Date of decision: |          |                   |



| Department: Child Development (CHDV)   |   |   |
|--|---|---|
| Faculty Service Area: Child Development  |   |   |
| No changes to FSA necessary ${f X}$  | Changes to FSA requested $\ \square$  | New FSA requested 🛛   |
| <b>Current FSA:</b> Enter current FSA language there either, then go to the next box and c   |   | t find it listed, then try <u>here</u> . If it isn't                    |
| Department: Child Development<br>FSA-Child Development<br>Competency<br>A. Possession of the minimum qualification<br>State Academic Senate and the Board of G<br>B. Minimum of four semesters' part-time en<br>within the previous four years; AND<br>C. Demonstrated evidence of breadth and<br>100, CHDV 115, CHDV 120, CHDV 185, r<br>D. Documented evaluated work experience<br>employers; AND<br>E. Evidence of positive evaluation by stude | Governors; AND<br>xperience teaching in the FSA at an accre<br>depth of teaching in the discipline, at leas<br>ot 4 sections of CHDV 100); AND<br>e in an ECE setting, as evidenced by refe | edited post-secondary institution<br>st four separate courses (ex: CHDV |
| Changes to FSA or New FSA: For an <i>exi</i><br>enter the competencies for the new FSA b<br>Department: Child Development<br>FSA-Child Development<br>Competency   |   |   |
| <ul> <li>A. Possession of the minimum qualifications in Child Development/Early Childhood Education as determined by the State Academic Senate and the Board of Governors; AND</li> <li>B. Minimum of four semesters' part-time experience teaching in the FSA at an accredited post-secondary institution</li> </ul>  |   |   |
| within the previous four years; AND<br>C. Demonstrated evidence of breadth and depth of teaching in the discipline, at least four separate courses (ex: CHDV<br>100, CHDV 115, CHDV 120, CHDV 185, not 4 sections of CHDV 100); AND<br>D. Documented evaluated work experience in an ECE setting, as evidenced by references or written evaluations from   |   |   |
| D. Documented evaluated work experienc<br>employers; AND<br>E. Evidence of positive evaluation by stude  |   | erences or written evaluations from                                     |
| Form completed by: Laurel Anderson, F  | PhD D   | ate submitted: 04.11.2020   |

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| Reason for denial of request, if applicable: |  |  |



| Department: Athletics   |                                      |                                 |
|---|--------------------------------------|---------------------------------|
| Faculty Service Area: Coaching  |                                      |                                 |
| No changes to FSA necessary $\ \square$   | Changes to FSA requested $\ \square$ | New FSA requested X             |
| <b>Current FSA:</b> Enter current FSA language for the discipline. Start <u>here</u> . If you don't find it listed, then try <u>here</u> . If it isn't there either, then go to the next box and create a new FSA.  |                                      |                                 |
| Department: Athletics<br>FSA-Coaching<br>Competency<br>A. Possession of minimum qualifications i<br>Governors; AND<br>B. Minimum of two seasons' coaching exp   |                                      | cademic Senate and the Board of |
| <b>Changes to FSA or New FSA:</b> For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.   |                                      |                                 |
| Department: Athletics<br>FSA-Coaching   |                                      |                                 |
| <b>Competency</b><br>A. Possession of minimum qualifications in <mark>Coaching</mark> as determined by the State Academic Senate and the Board of<br>Governors; AND<br>B. Minimum of two seasons' coaching experience at the collegiate level within the past five years. |                                      |                                 |
| Form completed by: Hugh Gerhardt  | Date submitted: 2                    | 2/26/2020                       |

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| Reason for denial of request, if applicable: |        |                   |



| Department: Arts   |  |                         |
|--|--|-------------------------|
| Faculty Service Area: Commercial Arts  |  |                         |
| No changes to FSA necessary ${f X}$  | Changes to FSA requested $\ \square$     | New FSA requested 🛛     |
| <b>Current FSA:</b> Enter current FSA language for the discipline. Start <u>here</u> . If you don't find it listed, then try <u>here</u> . If it isn't there either, then go to the next box and create a new FSA. |  |                         |
| FSA-Commercial Arts  |  |                         |
| Competency105  |  |                         |
| A. Possession of the minimum qua   | alifications in Commercial Art as deterr | mined by the State      |
| Academic Senate and the Boa  | rd of Governors; AND                     |                         |
| B. Acceptable portfolio of graphic of  | design and/or illustration; AND          |                         |
| C. Minimum of two years' part-time work experience for design shops, advertising   |  |                         |
| agencies, publishers, or other high-caliber employers or clients; AND  |  |                         |
| D. Minimum of two semesters' part-time experience teaching commercial art courses at an  |  |                         |
| accredited post-secondary inst   | itution.                                 |                         |
| <b>Changes to FSA or New FSA:</b> For an <i>ex</i> enter the competencies for the new FSA b  |  |                         |
| None.  |  |                         |
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| Form completed by: Mark Hudelson   |  | Date submitted: 2/16/20 |

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| Reason for denial of request, if applicable: |  |  |  |



Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available <u>here</u>. Please remember the first item has to be the state guidelines and cannot be altered. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to <u>ehiro@palomar.edu</u>. (Due March 2020)

| Department: Computer Science and Information Technology   |                                    |  |
|---|------------------------------------|--|
| Faculty Service Area: Computer Network Administration (CSNT)  |                                    |  |
| No changes to FSA necessary $\ \square$   | Changes to FSA requested $ {f X} $ | New FSA requested 🛛                                  |
| <b>Current FSA:</b> Enter current FSA languag there either, then go to the next box and c   |                                    | t find it listed, then try <u>here</u> . If it isn't |
| <ul> <li>A. Possession of the minimum qualifications in Computer Information Systems as determined by the State Academic Senate and the Board of Governors; AND</li> <li>B. Minimum of two years of full-time work experience in the field of Computer Networking, AND</li> <li>C. Current or previous industry certifications relevant to the courses instructed in the discipline.</li> </ul> |                                    |  |
| <b>Changes to FSA or New FSA:</b> For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.   |                                    |  |
| Department: Computer Science and Information Technology<br>Faculty Service Area: Computer Information Systems (Computer Network Administration/CSNT)  |                                    |  |
| <ul> <li>A. Possession of the minimum qualifications in Computer Information Systems as determined by the State Academic Senate and the Board of Governors; AND</li> <li>B. Minimum of two years of full-time work experience in the field of Computer Networking, AND</li> <li>C. Current or previous industry certifications relevant to the courses instructed in the discipline.</li> </ul> |                                    |  |
| Form completed by: Richard  | Stegman                            | Date submitted:                                      |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY    |        |  |
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| Reason for denial of request, if appli      | cable: |  |



Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available <u>here</u>. Please remember the first item has to be the state guidelines and cannot be altered.Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to <u>ehiro@palomar.edu</u>. (Due March 2020)

| Department: Cooperative Education   |  |                          |
|---|--|--------------------------|
| Faculty Service Area:Cooperative Education  |  |                          |
| No changes to FSA necessary □ Changes to FSA requested □X New FSA requested □   |  |                          |
| <b>Current FSA:</b> Enter current FSA language for the discipline. Start <u>here</u> . If you don't find it listed, then try <u>here</u> . If it isn't there either, then go to the next box and create a new FSA.                                    |  |                          |
| <ol> <li>Master's degree from accredited institution</li> <li>Possession of minimum qualification as determined by the State Academic Senate and the Board of<br/>Governors.</li> <li>The equivalent</li> </ol>                                       |  |                          |
| <b>Changes to FSA or New FSA:</b> For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.                                       |  |                          |
| <ol> <li>Possession of the minimum qualifications in any discipline in which work experience may be<br/>provided at the college; AND</li> <li>Minimum of five years of work experience in workforce development, workforce experience, job</li> </ol> |  |                          |
| placement, career counseling or human resources.  |  |                          |
| Form completed by: Jason Jarvinen   |  | Date submitted:4/29/2020 |

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| Approved  Denied  Denied  Date of decision: |        |  |
| Reason for denial of request, if applie     | cable: |  |



Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available at http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012 2014.pdf. Submit the form to the Faculty Service Areas Committee Chair, Gregory Larson, when complete via email to glarson@palomar.edu. (Due date to *be determined*)

| Department: Counseling, Guidance and Career Development<br>Faculty Service Area: Counseling  |   |  |
|--|---|--|
|  |   |  |
| New FSA  |   |  |
| Minimum Qualifications:  |   |  |
| Possession of the minimum qualifications<br>Academic Senate and the Board of Gover   |   | a as determined by the State   |
| Competency   |   |  |
| <ul> <li>development related to articulation</li> <li>Demonstrated active professional<br/>and University of California (UC) t</li> <li>Demonstrated active professional<br/>(CCC), CSU, and University of Ca<br/>Code, Program Course and Appro<br/>for Transfer (ADT) development, (<br/>major preparation articulation</li> <li>Demonstrated understanding and</li> </ul> | ce leading and engaging faculty, staff, an<br>n amongst intersegmental systems<br>development in the last two years related<br>ransfer major preparation, articulation, an<br>development in the last two years related<br>lifornia Office of the President (UCOP) tra-<br>oval Handbook (PCAH), Senate Bill 1440,<br>Course Identification Numbering System (<br>professional development in Student Sud | d to California State University (CSU)<br>nd program impaction<br>d to California Community College<br>ansfer articulation, Title 5, Education<br>, Senate Bill 440, Associate Degree<br>(C-ID) development and transfer |
| <ul> <li>Curriculum (IGETC) standards, C. Course Agreement (UCTCA) filing Services for Curriculum and Articu (GE) area outcomes, and institution</li> <li>Oral and written communication s including faculty, administration, a</li> <li>Depth and breadth of community of Knowledge of curriculum develops</li> <li>Knowledge of course and program</li> </ul>              | college curricula, policies, and procedures<br>ment and the Program Course Approval F<br>n inventory management via the college's   | s, University of California Transfer<br>ccalaureate approval process, Online<br>ETC and CSU General Education<br>ears<br>t various constituent groups<br>s<br>Handbook<br>s curricula management system                  |
| <ul> <li>Demonstrated understanding of si<br/>and equity funding and service are</li> </ul>  | tudent education plans, degree audit, and<br>ea outcomes  | I how they relate to student success   |

- Academic advising, counseling, or faculty advising in the last two years
- Depth and breadth of understanding of intersegmental requirements including knowledge of:
  - Public, private and out of state universities
  - Transfer Admission Guarantees (TAG)
  - Application filing periods and procedure
  - Transcript evaluations

#### References

References from professionals who can validate and verify the candidate's experience in the above mentioned areas in the Articulation FSA

### Community College Teaching or Counseling Experience

Two semesters of teaching experience related to an academic discipline or community college counseling experience in the last two years with satisfactory evaluations. Non instructional faculty with no student contact may use their last satisfactory evaluation.

Form completed by: Benjamin Mudgett

Date submitted: 4/08/2020

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| Reason for denial of request, if applicable: |  |  |
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| Department: Performing Arts   |   |  |
|---|---|--|
| Faculty Service Area: Dance   |   |  |
| No changes to FSA necessary $\ \square$   | Changes to FSA requested $\Box old X$           | New FSA requested $\square$                        |
| <b>Current FSA:</b> Enter current FSA language there either, then go to the next box and c  |   | find it listed, then try <u>here</u> . If it isn't |
| Senate and the Board of Go<br>AND   | qualifications in Dance as determin<br>vernors; |  |
| <ul> <li>B. Minimum of five years' profe<br/>the Dance Arts;<br/>AND</li> </ul>   | ssional dance training and/or a BA              | , BFA, MA, or MFA Degree in                        |
| <ul> <li>C. Part-time experience teaching in a minimum of two of the following instructional areas: 1.<br/>dance theory, history 2. ballet techniques 3. jazz dance technique 4. modern dance<br/>technique, movement exploration, improvisation 5. folk, ballroom 6. tap, musical theatre;<br/>OR</li> </ul> |   |  |
| D. Performing, choreographic, and/or technical production experience in an educational or professional environment.   |   |  |
|   |   |  |
| <b>Changes to FSA or New FSA:</b> For an <i>exi</i><br>enter the competencies for the new FSA b   |   | encies below. For a <i>new</i> FSA,                |
| Department: Performing Arts FSA – Dance Competency  |   |  |
| A. Possession of the minimum qualifications in Dance as determined by the State Academic Senate and the Board of Governors;   |   |  |
| AND   |   |  |
| C. Minimum of three years teaching in at least three of the following areas:  |   |  |

| a. Ballet                                 |
|---|
| b. Tap                                    |
| c. Jazz                                   |
| d. Modern                                 |
| e. Musical Theatre                        |
| f. Afro-Cuban                             |
| g. Afro-Brazilian                         |
| h. Brazilian Capoeira                     |
| i. Hawaiian and/or                        |
| j. Tahitian                               |
| k. Middle Eastern                         |
| 1. Latin Social                           |
| i. Cuban style Salsa                      |
| ii. Dominican style Bachatta and Meringue |
| iii. Other Latin popular dances           |
| m. Flamenco                               |
| n. Ballet Folklorico                      |
| o. Ballroom                               |
| p. Dance History                          |
| q. Survey of Dance                        |
| r. Survey of World Dance                  |
| s. Teaching Methods                       |
| t. Choreography                           |
| u. Kinesiology                            |
| OR  |

| c. 3 years teaching experience   |  |
|--|--|
|  |  |
| b. 5 years professional choreographic experience                             |  |
| a. 10 years professional training and/or professional performance experience |  |
| a 10 years professional training and/or professional performance experience  |  |
| D. Professional Eminence   |  |

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| Date submitted: 2/15/20                                    |
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| years in addition to consideration of professional         |
| course work at an accredited post-secondary institution in |
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| Reason for denial of request, if applie  | cable:   |                   |  |  |  |



Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available <u>here</u>. Please remember the first item has to be the state guidelines and cannot be altered. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to <u>ehiro@palomar.edu</u>. (Due March 2020)

| Department: Department of Earth, Space, & Environmental Sciences   |   |                               |  |  |  |
|--|---|-------------------------------|--|--|--|
| Faculty Service Area: Earth Sciences   |   |                               |  |  |  |
| No changes to FSA necessary $X\Box$  | Changes to FSA requested $\ \square$    | New FSA requested $\ \square$ |  |  |  |
| <b>Current FSA:</b> Enter current FSA language for the discipline. Start <u>here</u> . If you don't find it listed, then try <u>here</u> . If it isn't there either, then go to the next box and create a new FSA. |   |                               |  |  |  |
| Senate and the Board of Gove<br>AND  | art-time teaching experience in Earth S | -                             |  |  |  |
| Changes to FSA or New FSA: For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.           |   |                               |  |  |  |
| Form completed by:   | Cathy Jain                              | Date submitted: 4/22/20       |  |  |  |

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| Approved                                 | Denied 🗆 | Date of decision: |  |  |
| Reason for denial of request, if appli   | cable:   |                   |  |  |


Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. list of established disciplines and corresponding minimum qualifications is available The at http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012 2014.pdf. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to ehiro@palomar.edu. (Due March 2020)

# **Department: Economics, History and Political Science** Faculty Service Area: Economics No changes to FSA necessary Changes to FSA requested $X\Box$ New FSA requested □ Current FSA: Enter current FSA language for the discipline. Start here. If you don't find it listed, then try here. If it isn't there either, then go to the next box and create a new FSA. FSA-Economics Competency A. Possession of the minimum qualifications in Economics as determined by the State Academic Senate and the Board of Governors; AND B. Master's in Economics or the equivalent; AND C. Minimum of two semesters' part-time teaching experience in Principles of Economics (Macro) and Principles of Economics (Micro) at an accredited postsecondary institution within the previous three years. Changes to FSA or New FSA: For an existing FSA, enter the revised FSA competencies below. For a new FSA, enter the competencies for the new FSA below. Attach additional sheets if needed. FSA-Economics Competency A. Possession of the minimum qualifications in Economics as determined by the State Academic Senate and the Board of Governors; AND B. Master's in Economics or: AND C. Minimum of two semesters' part-time teaching experience in Principles of Economics (Macro) and Principles of Economics (Micro) at an accredited postsecondary institution within the previous three years.

Form completed by: Jose L. Esteban

Date submitted: 12/4/2019

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| Approved  Denied  Denied  Date of decision:  |  |  |
| Reason for denial of request, if applicable: |  |  |



Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum gualifications for the associated discipline. list qualifications The of established disciplines and corresponding minimum is available at http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012 2014.pdf. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to ehiro@palomar.edu. (Due March 2020)

| Department: Emergency Medical Education              |                                |                               |
|--|--------------------------------|-------------------------------|
| Faculty Service Area: Emergency Medical Technologies |                                |                               |
| No changes to FSA necessary 🛛                        | Changes to FSA requested $f X$ | New FSA requested $\ \square$ |

**Current FSA:** Enter current FSA language for the discipline. Start <u>here</u>. If you don't find it listed, then try <u>here</u>. If it isn't there either, then go to the next box and create a new FSA.

A. Possession of the minimum qualifications in Emergency Medical Technologies as determined by the State Academic Senate and the Board of Governors; AND

B. Registered Nurse currently licensed in the State of California, OR Emergency Medical Technician-Paramedic (EMT-P) who is currently certified in the State of California; AND

C. Minimum of two years' academic or clinical experience in emergency medicine within the previous five years.

**Changes to FSA or New FSA:** For an *existing* FSA, enter the revised FSA competencies below. For a *new* FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.

#### Paramedic Program:

Possession of the minimum qualifications in Emergency Medical Technologies as determined by the State Academic Senate and the Board of Governors; AND

- 1) A course director who shall be licensed in California as a physician, a registered nurse who has a baccalaureate degree or a paramedic who has a baccalaureate degree, or shall be an individual who holds a baccalaureate degree in a related health field or in education. The course director shall be qualified by education and experience in methods, materials, and evaluation of instruction, and shall have a minimum of one (1) year experience in an administrative or management level position and have a minimum of three (3) years academic or clinical experience in prehospital care education within the last five (5) years. Program Directors are not required but should have a minimum of a Master's Degree
- 2) Principal instructor(s), who may also be the program medical director or course director if the qualifications in subsections (a) and (b) are met, who shall:
  - a) Be a physician, registered nurse, physician assistant, or paramedic, currently certified or licensed in the State of California.
  - b) Be knowledgeable in the course content of the United States Department of Transportation (U.S. DOT) National Emergency Medical Services Education Standards DOT HS 811 077A, January 2009, herein incorporated by reference; and
  - c) Have six (6) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree.
  - d) Be responsible for areas including, but not limited to, curriculum development, course coordination, and instruction.

e) Be qualified by education and experience in methods, materials, and evaluation of instruction, which shall be documented by at least forty (40) hours of instruction in teaching methodology. Following, but not limited to, are examples of courses that meet the required instruction in teaching methodology: (A) California State Fire Marshal (CSFM) "Training Instructor 1A, 1B, and 1C", (B) National Fire Academy (NFA) "Fire Service Instructional Methodology" course, and 14 (C) A course that meets the U. S. Department of Transportation/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors, such as the National Association of EMS Educators' EMS Educator Course.

#### EMT Program:

Possession of the minimum qualifications in Emergency Medical Technologies as determined by the State Academic Senate and the Board of Governors; AND

 An approved program director who shall be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials and evaluation of instruction.
 An approved program clinical coordinator who shall be either a Physician, Registered Nurse, Physician Assistant, or a Paramedic currently licensed in California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five (5) years.

3). A principal instructor(s), who may also be the program clinical coordinator or program director, who shall be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction and shall meet the following qualifications:

- a) Be a Physician, Registered Nurse, Physician Assistant, or Paramedic currently licensed in California; or
- b) Be an Advanced EMT or EMT who is currently certified in California.
- c) Have at least two (2) years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five (5) years.

Form completed by: Sarah De Simone

Date submitted: March 3, 2020

| FACULTY SERVICE AREAS COMMITTEE USE ONLY |          |                   |
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| Approved                                 | Denied 🗆 | Date of decision: |
| Reason for denial of request, if applie  | cable:   |                   |



| Department: Physics and Engineering   |  |                                |  |
|---|--|--------------------------------|--|
| Faculty Service Area: Engineering   |  |                                |  |
| No changes to FSA necessary $\ \square$   | Changes to FSA requested $\ \square$   | New FSA requested 🛛            |  |
|   | <b>Current FSA:</b> Enter current FSA language for the discipline. Start <u>here</u> . If you don't find it listed, then try <u>here</u> . If it isn't there either, then go to the next box and create a new FSA. |                                |  |
| FSA-Engineering Competency: Possession<br>Academic Senate and the Board of Govern   |  | ing as determined by the State |  |
|   |  |                                |  |
|   |  |                                |  |
|   |  |                                |  |
| <b>Changes to FSA or New FSA:</b> For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed. |  |                                |  |
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| Form completed by:  | Dat  | e submitted:                   |  |

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| Approved                                 | Denied | Date of decision: |

Reason for denial of request, if applicable:



| Department: ESL   |  |                     |  |  |
|---|--|---------------------|--|--|
| Faculty Service Area: ESL   |  |                     |  |  |
| No changes to FSA necessary $\ \square$   | Changes to FSA requested 🔀   | New FSA requested 🛛 |  |  |
|   | <b>Current FSA:</b> Enter current FSA language for the discipline. Start <u>here</u> . If you don't find it listed, then try <u>here</u> . If it isn't there either, then go to the next box and create a new FSA. |                     |  |  |
| <ul> <li>A. Possession of the minimum qualifications in ESL as determined by the State Academic Senate and the Board of Governors; AND</li> <li>B. Minimum of two semesters' part-time teaching experience in credit and non-credit ESL at an accredited post-secondary institution within the previous three years; AND</li> <li>C. Experience coordinating an educational program in an academic environment; AND</li> <li>D. Evidence of consistently strong student and peer evaluations, indicating the ability to contribute to the ESL program.</li> </ul> |  |                     |  |  |
| <b>Changes to FSA or New FSA:</b> For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.   |  |                     |  |  |
| <ul> <li>A. Possession of the minimum quali<br/>of Governors; AND</li> </ul>  | A. Possession of the minimum qualifications in ESL as determined by the State Academic Senate and the Board of Governors: AND  |                     |  |  |
| <ul> <li>B. Competency, as determined by the ESL Department, in TESL/TESOL or Applied Linguistics or the equivalent;<br/>AND</li> </ul>   |  |                     |  |  |
| C. Minimum of three semesters' (or five quarters') teaching experience (not including Distance Education) in both credit and non-credit ESL (credit must include academic writing) at an accredited post- secondary institution within the previous three years; AND  |  |                     |  |  |
| <ul> <li>D. Experience coordinating an educational program in an academic environment; AND</li> <li>E. Evidence of consistently strong student and peer evaluations, indicating the ability to contribute to the ESL program.</li> </ul>  |  |                     |  |  |
| Form completed by: Tracy F  | ung Date submitted:  | 12/9/2019           |  |  |
|   |  |                     |  |  |

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| Reason for denial of request, if applicable: |  |  |  |
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Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum gualifications for the associated discipline. and The list of established disciplines corresponding minimum qualifications is available at http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012 2014.pdf. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to ehiro@palomar.edu. (Due March 2020)

| Department: EOPS/ CARE, CalWORKs, FYRST |                                      |                             |
|---|--------------------------------------|-----------------------------|
| Faculty Service Area: Counseling        |                                      |                             |
| No changes to FSA necessary $\ \square$ | Changes to FSA requested $\ \square$ | New FSA requested XX $\Box$ |

**Current FSA:** Enter current FSA language for the discipline. Start <u>here</u>. If you don't find it listed, then try <u>here</u>. If it isn't there either, then go to the next box and create a new FSA.

**Changes to FSA or New FSA:** For an *existing* FSA, enter the revised FSA competencies below. For a *new* FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.

#### New FSA

#### **EOPS/CARE** Competency

A. Possession of the minimum qualification in EOPS Counseling as determined by the State Academic Senate and the Board of Governors; <u>AND</u>

#### 1. Program Development and Coordination

- Knowledge of current state and federal laws and regulations pertaining to EOPS, CARE, CalWORKs, Foster Youth programs and its student recipients to ensure compliance.
- Experience cultivating and maintaining working relationships with community organizations and agencies such as Health & Human Services.
- Experience developing and coordinating activities and events aimed at addressing personal, academic, and socioeconomic barriers experienced by recipients of public assistance.

2. Counseling: Academic, Career, Transfer, Personal and Teaching

#### Academic:

- Depth and breadth of community college curricular, policies and procedures.
- Comprehensive knowledge and experience in counseling students about certificates, associate degrees and transfer requirements
- Recent experience developing Student Educational Plans- Certificates, AA/AS and transfer degrees
- Knowledge of study skills and other strategies/resources to promote student success.

#### Career:

- Comprehensive understanding of Career Development Process Stages: Assessment (MBTI, Strong, True Colors, Skills assessment) Exploration (career, job outlook, internship information) and Action (goal setting and decision making, Informational interviews, Internship application, Job application, Networking (social media and face to face), Professional Association, connecting with resources)
- Professional ability to administer and interpret career assessment results with students
- Ability to assist students identify skills, values and career interests

 Knowledge and in-depth experience in connecting student assessment results to different/existing career pathways.

#### Personal:

- Comprehensive knowledge, skills and experience in crisis and personal counseling addressing and assessing student needs and making appropriate referrals.
- Comprehensive knowledge of financial challenges, academic and cultural barriers, mental and emotional health challenges.
- Comprehensive knowledge of the challenges that disproportionally impacted student populations such as ethnic minorities or persons impacted by physical, mental, or emotional disabilities, language, and social or economic disadvantages face.

#### Transfer:

- Depth and breadth of current experience in counseling students regarding transfer requirements to all four year Universities, including knowledge of:
  - a. Public, private and state institutions
  - b. Critical transfer application procedures and filing periods
  - c. Evaluation of transcripts from public and private institutions

#### Teaching

• Comprehensive knowledge and experience with teaching courses related to life-long learning and personal development, academic success, career exploration or related discipline.

#### References

References from professionals who can validate and verify the candidate's experience in the above mentioned areas in the Articulation FSA

| Form completed by: | Veronica Aguilera  | Date submitted: 4/28/20 |
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| Approved     Denied     Date of decision:       Reason for denial of request, if applicable:     Date of decision: |          |                   |



Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available at http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012 2014.pdf. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to ehiro@palomar.edu. (Due March 2020)

| Department: Media Studies  |                                       |                     |
|--|---------------------------------------|---------------------|
| Faculty Service Area: Cinema/Film Studies  |                                       |                     |
| No changes to FSA necessary 🛛  | Changes to FSA requested $\Box old X$ | New FSA requested 🛛 |
| <b>Current FSA:</b> Enter current FSA language for the discipline. Start <u>here</u> . If you don't find it listed, then try <u>here</u> . If it isn't there either, then go to the next box and create a new FSA. |                                       |                     |
| A. Possession of the minimum qualifications in Film Making Video as determined by the State Academic Senate and the Board of Governors; AND  |                                       |                     |
| B. Competency in Film Making Video requires a minimum of two semesters' part-time teaching   |                                       |                     |

- B. Competency in Film Making Video requires a minimum of two semesters' part-time teaching experience or course work at an accredited post-secondary institution in the discipline within the previous five years, or a minimum of two semesters' part-time teaching experience during the last five years in the discipline of Cinema. AND
- C. Have been actively creating and working for the previous five years in the Cinema field. It is evidenced by a demo reel or other industry standard documentation which exhibits mastery of technical and aesthetic applications in current Film Making Video trends

**Changes to FSA or New FSA:** For an *existing* FSA, enter the revised FSA competencies below. For a *new* FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.

- A. Possession of the minimum qualifications in Film Studies as determined by the State Academic Senate and the Board of Governors. AND
- B. Competency in Film Studies requires a minimum of four semesters' part-time teaching experience in Film Studies at an accredited post-secondary institution within the previous five years. AND
- C. A minimum of 3 years practical or work experience in film studies, i.e. seminars, conferences, publications, film and art festivals, within the previous five years. OR
- D. A minimum of 3 years course work in film studies at an accredited post-secondary institution within the previous five years.

Form completed by: Candace Rose, John McMurria, R. Lisa Cecere

Date submitted: 4/16/20

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| Approved  Denied  Denied  Date of decision: |        | Date of decision: |
| Reason for denial of request, if appli      | cable: |                   |



| Department: World Languages   |   |  |
|---|---|--|
| Faculty Service Area: Foreign Language  | es (Arabic, Chinese, French, German, I  | talian, Japanese, Spanish)   |
| No changes to FSA necessary ${f X}$   | Changes to FSA requested $\ \square$  | New FSA requested $\ \square$  |
| <b>Current FSA:</b> Enter current FSA language there either, then go to the next box and c  |   | find it listed, then try <u>here</u> . If it isn't   |
| Department: World Languages FSA<br>A. Possession of the minimum qual<br>Academic Senate and the Board of<br>B. Evidence of consistently strong s<br>teaching the target language, AND;<br>C. Evidence of experience teaching<br>its equivalent, AND;<br>D. Must have taught courses in the<br>last three years, AND;<br>E. Demonstrated participation in pro<br>innovation and improvement of teac<br>written, in both English and the lang | ifications in Foreign Languages as<br>Governors, AND;<br>student and peer evaluations, demo<br>a variety of language classes at th<br>target language amounting to a mi<br>ofessional growth and developmen<br>ching foreign language, AND; F. La | onstrating excellence in<br>ne community college level o<br>inimum of 12 units within the<br>t activities that enhance |
| Changes to FSA or New FSA: For an <i>exi</i><br>enter the competencies for the new FSA b  | •   | encies below. For a <i>new</i> FSA,  |
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Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available <u>here</u>. Please remember the first item has to be the state guidelines and cannot be altered. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to <u>ehiro@palomar.edu</u>. (Due March 2020)

| Department: Department of Earth, Space, & Environmental Sciences   |  |                         |  |  |
|--|--|-------------------------|--|--|
| Faculty Service Area: Geography  |  |                         |  |  |
| No changes to FSA necessary X□ Changes to FSA requested □ New FSA requested □  |  |                         |  |  |
| <b>Current FSA:</b> Enter current FSA language for the discipline. Start <u>here</u> . If you don't find it listed, then try <u>here</u> . If it isn't there either, then go to the next box and create a new FSA. |  |                         |  |  |
| and the Board of Governors;<br>AND   | alifications in Geography as determine<br>rt-time teaching experience in Geograj<br>e previous five years. | -                       |  |  |
| Changes to FSA or New FSA: For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.           |  |                         |  |  |
| Form completed by:   | Cathy Jain   | Date submitted: 4/22/20 |  |  |

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| Reason for denial of request, if applie  | cable:                                |  |  |



| Department: Graphic Communications  |                                      |  |  |
|---|--------------------------------------|--|--|
| Faculty Service Area: Graphic Arts  |                                      |  |  |
| No changes to FSA necessary $\ \Box old X$  | Changes to FSA requested $\ \square$ | New FSA requested $\ \square$                      |  |
| <b>Current FSA:</b> Enter current FSA language there either, then go to the next box and c  |                                      | find it listed, then try <u>here</u> . If it isn't |  |
| Possession of the minimum qualifications in Graphic Arts as determined by the State Academic Senate and the Board of Governors.   |                                      |  |  |
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| <b>Changes to FSA or New FSA:</b> For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed. |                                      |  |  |
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| Form completed by:  | Da                                   | ate submitted:                                     |  |
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| Approved                                 | Denied 🗆 | Date of decision: |  |
| Reason for denial of request, if appli   | cable:   |                   |  |



| Department: Health and Kinesiology  |   |  |  |
|---|---|--|--|
| Faculty Service Area: Health  |   |  |  |
| No changes to FSA necessary $\ \square$   | Changes to FSA requested $\ \square$  | New FSA requested X                                |  |
| <b>Current FSA:</b> Enter current FSA languag there either, then go to the next box and c   | e for the discipline. Start <u>here</u> . If you don't<br>create a new FSA. | find it listed, then try <u>here</u> . If it isn't |  |
| CURRENT:<br>Department: Physical Education<br>FSA-Physical Education<br>Competency<br>A. Possession of the minimum qualifications in Physical Education as determined by the State Academic Senate and<br>the Board of Governors; AND<br>B. Minimum of two semesters part-time teaching experience in the FSA at an accredited post-secondary institution<br>within the previous five years; OR<br>C. Completion of course work or special training relevant to the FSA within the previous five years.   |   |  |  |
| <b>Changes to FSA or New FSA:</b> For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.   |   |  |  |
| <ul> <li>Department: Health and Kinesiology</li> <li>FSA - Health</li> <li>Competency</li> <li>A. Possession of the minimum qualifications in Health as determined by the State Academic Senate and the Board of Governors; AND</li> <li>B. B. Minimum of four consecutive semesters part-time teaching experience in the FSA at an accredited post-secondary institution within the previous three years; AND</li> <li>C. C. Possess evidence of consistently strong student and peer evaluations, indicating the ability to contribute to the currency in the field of Health.</li> </ul> |   |  |  |
| Form completed by: Karl Seiler  |   | Date submitted: 2/25/2020                          |  |

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| Reason for denial of request, if applicable: |  |  |  |
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Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available <u>here</u>. Please remember the first item has to be the state guidelines and cannot be altered.Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to <u>ehiro@palomar.edu</u>. (Due March 2020)

| Department: Economics, History and   | Political Science   |  |
|--|---|--|
| Faculty Service Area: History  |   |  |
| No changes to FSA necessary $\ \square$  | Changes to FSA requested $\Box old X$   | New FSA requested $\ \square$  |
| <b>Current FSA:</b> Enter current FSA language there either, then go to the next box and   | ge for the discipline. Start <u>here</u> . If you don't<br>create a new FSA.  | find it listed, then try <u>here</u> . If it isn'i   |
| Governors; AND<br>B. Master's in History or the equivalent; A<br>C. Minimum of two semesters' teaching e<br>previous three years in one of the followi<br>History, Latin American History, Western | ons in History as determined by the State A<br>AND<br>experience in History at an accredited post-<br>ng designated subject areas: American Hist<br>Civilization, Women's History, California Hi<br>n offered as a course by the EHPS departm | secondary institution within the<br>ory, History of the Americas, Worl<br>story, or in any subject area of |
|  | <i>xisting</i> FSA, enter the revised FSA competer<br>below. Attach additional sheets if needed.  | encies below. For a <i>new</i> FSA,  |
| Board of Governors; and<br>B. Minimum of two semesters' teach  | ifications in History as determined by the St<br>ing experience in History at an accredited p<br>ng designated subject areas: American Hist   | ost-secondary institution within the   |

History, Latin American History, Western Civilization, Women's History, California History, or in any subject are of history not previously listed that has been offered as a course by the EHPS department in the last calendar year.

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| Department: Media Studies   |   |  |  |
|---|---|--|--|
| Faculty Service Area: Journalism  |   |  |  |
| No changes to FSA necessary $\ \square$   | Changes to FSA requested $\ \Box old X$   | New FSA requested 🛛                                |  |
| <b>Current FSA:</b> Enter current FSA languag there either, then go to the next box and c   | e for the discipline. Start <u>here</u> . If you don't<br>create a new FSA.   | find it listed, then try <u>here</u> . If it isn't |  |
| <ul> <li>FSA- Journalism Competency</li> <li>A. Possession of the minimum qualifications in Journalism as determined by the State Academic Senate and the Board of Governors;</li> <li>AND</li> </ul>   |   |  |  |
| experience or course work i   | B. Competency in Journalism requires a minimum of two semesters' part-time teaching<br>experience or course work in Journalism at an accredited post-secondary institution in the<br>discipline within the last five years. |  |  |
| ,   | C. Have been actively creating and working for the previous five years, as evidenced by relevant experience which exhibits mastery of technical and aesthetic applications in current                                       |  |  |
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| <b>Changes to FSA or New FSA:</b> For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.   |   |  |  |
|   | alifications in Journalism as determine   | ed by the State Academic                           |  |
| <ul> <li>Senate and the Board of Governors.</li> <li>B. Competency in Journalism requires a minimum of four semesters' part-time teaching experience in Journalism or Mass Communications at an accredited post-secondary institution in the discipline within the last five years.</li> <li>AND</li> </ul> |   |  |  |
| C. Has worked in the professiona  | l media for at least three years  |  |  |
|   |   |  |  |
|   |   |  |  |
| Form completed by: Erin Hiro  | D Date subr   | nitted: 11/21/19                                   |  |

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| Approved                                 | Denied 🗆 | Date of decision: |  |
| Reason for denial of request, if appli   | cable:   |                   |  |



| Department: Health and Kinesiology   |  |  |
|--|--|--|
| Faculty Service Area: Kinesiology  |  |  |
| No changes to FSA necessary $\ \square$  | Changes to FSA requested $\ \square$   | New FSA requested X                                |
| <b>Current FSA:</b> Enter current FSA language there either, then go to the next box and e   | je for the discipline. Start <u>here</u> . If you don't<br>create a new FSA.   | find it listed, then try <u>here</u> . If it isn't |
| the Board of Governors; AND<br>B. Minimum of two semesters part-time te<br>within the previous five years; OR                          | ons in Physical Education as determined by<br>eaching experience in the FSA at an accrea<br>training relevant to the FSA within the prev | dited post-secondary institution                   |
| enter the competencies for the new FSA   | xisting FSA, enter the revised FSA compete<br>below. Attach additional sheets if needed.   |  |
| Department: Health and Kinesiology<br>FSA-Kinesiology<br>Competency<br>A. Possession of the minimum qualification<br>of Governors; AND | ons in <mark>Kinesiology</mark> as determined by the Sta   | ate Academic Senate and the Board                  |
|  | rs part time teaching experience in the ES/  |  |
| institution within the previous three years  | ; AND  | A at an accredited post-secondary                  |
| institution within the previous three years  |  |  |

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| Approved  Denied  Denied  Date of decision: |        | Date of decision: |
| Reason for denial of request, if appli      | cable: |                   |



| Department: Library  |  |                                      |  |
|--|--|--------------------------------------|--|
| Faculty Service Area: Library Science (Note: archived FSA was for Library Technology)  |  |                                      |  |
| No changes to FSA necessary $\ \square$  | Changes to FSA requested $ {f X} $   | New FSA requested 🛛                  |  |
| there either, then go to the next box and c  | <b>Current FSA:</b> Enter current FSA language for the discipline. Start <u>here</u> . If you don't find it listed, then try <u>here</u> . If it isn't there either, then go to the next box and create a new FSA. |                                      |  |
| FSA-Library Technology Competency  |  |                                      |  |
| <ul> <li>A. Possession of the minimum qualifications in Library Science as determined by the State Academic Senate and<br/>the Board of Governors;</li> <li>AND B. Appropriate professional experience.</li> </ul> |  |                                      |  |
|  |  |                                      |  |
| Changes to FSA or New FSA: For an ex<br>enter the competencies for the new FSA b   |  |                                      |  |
| FSA – Library Science  |  |                                      |  |
| <ul> <li>A. Possession of the minimum qualif<br/>Board of Governors;</li> </ul>  | ications in Library Science as determined  | d by the State Academic Senate and   |  |
| AND B. The equivalent of three or mo<br>years in a position responsible for libra  | re years of full-time, appropriate profession ary services as defined in AP 4040.  | onal experience within the last five |  |
|  |  |                                      |  |
|  |  |                                      |  |
|  |  |                                      |  |
| Form completed by: April Cunningha   | m Date submitted: April 10   | ), 2020                              |  |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY    |        |  |
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| Reason for denial of request, if applie     | cable: |  |



Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum gualifications for the associated discipline. and The list of established disciplines corresponding minimum qualifications is available at http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012 2014.pdf. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to ehiro@palomar.edu. (Due March 2020)

| Department: Media Studies               |   |                               |
|---|---|-------------------------------|
| Faculty Service Area: Mass Communic     | cation                                  |                               |
| No changes to FSA necessary $\ \square$ | Changes to FSA requested $\ \Box old X$ | New FSA requested $\ \square$ |

**Current FSA:** Enter current FSA language for the discipline. Start <u>here</u>. If you don't find it listed, then try <u>here</u>. If it isn't there either, then go to the next box and create a new FSA.

**FSA-Communications Competency** 

- A. Possession of the minimum qualifications in Film Making/Video, Telecommunication Technology, OR Mass Communication as determined by the State Academic Senate and the Board of Governors; AND
- B. Competency in Mass Communications, Film Making/Video, and/or Telecommunications Technology requires a minimum of two semesters' part-time teaching experience or course work at an accredited post-secondary institution in the discipline(s) within the previous five years, or a minimum of two semesters' part-time teaching experience during the last five years in the disciplines of Cinema, Journalism, or Radio-TV.
- C. Competency in Journalism requires a minimum of two semesters part-time teaching experience or course work at an accredited post-secondary institution in the discipline within the last five years or teaching experience in the areas of Mass Communications, Cinema, or Radio-TV within the previous five years.

**Changes to FSA or New FSA:** For an *existing* FSA, enter the revised FSA competencies below. For a *new* FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.

- A. Possession of the minimum qualifications in Mass Communication as determined by the State Academic Senate and the Board of Governors.
- B. Competency in Mass Communications requires a minimum of four semesters' teaching experience in journalism or mass communication at an accredited post-secondary institution within the last five years. AND
- C. Has worked in the media profession (TV, Film, PR, Social Media, Journalism) for at least three years.

| Form completed by:                           | Wendy Nelson | Date submitted:2/20/20 |  |
|--|--------------|------------------------|--|
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| Reason for denial of request, if applicable: |              |                        |  |



Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available at <a href="http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012\_2014.pdf">http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012\_2014.pdf</a>. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to <a href="http://ehiro@palomar.edu">ehiro@palomar.edu</a>. (Due March 2020)

| Department: Mathematics   |   |  |
|---|---|--|
| Faculty Service Area: Mathematics   |   |  |
| No changes to FSA necessary $f X$   | Changes to FSA requested $\ \square$  | New FSA requested 🛛  |
| <b>Current FSA:</b> Enter current FSA languag there either, then go to the next box and c   |   | find it listed, then try <u>here</u> . If it isn't   |
| <ul> <li>FSA-Mathematics Competency: A. Posses State Academic Senate and the Board of B.</li> <li>1. Must have taught within the previous the must come from a minimum of two of the Mathematics, Arithmetic, Prealgebra, Beg Precalculus, Concepts of Elementary Mat Calculus 1, 2, and 3, Calculus for the Eco Algebra;</li> <li>OR</li> <li>2. Must have directed satisfactorily a math years</li> </ul> | Governors; <b>AND</b><br>ree years, a minimum of four satisfactorily<br>following groups at an accredited post-sec<br>inning Algebra, and Intermediate Algebra;<br>h I and II, FORTRAN, Statistics, and Math<br>nomics, History, and Political Science, Dif | v evaluated courses. These courses<br>condary institution: (a) Basic<br>(b) Trigonometry, College Algebra,<br>ematics for Liberal Arts; (c)<br>ferential Equations, and Linear |
| Changes to FSA or New FSA: For an ex<br>enter the competencies for the new FSA b  |   |  |

Form completed by:

| FACULTY SERVICE AREAS COMMITTEE USE ONLY     |          |                   |
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| Reason for denial of request, if applicable: |          |                   |
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Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum gualifications for the associated discipline. and The list of established disciplines corresponding minimum qualifications is available at http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012 2014.pdf. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to ehiro@palomar.edu. (Due March 2020)

| Department: Performing Arts  |                                    |                     |
|--|------------------------------------|---------------------|
| Faculty Service Area: Music  |                                    |                     |
| No changes to FSA necessary 🛛  | Changes to FSA requested $ {f X} $ | New FSA requested 🛛 |
| FSA-Music Competency   |                                    |                     |
| A. Possession of the minimum qualifications in Music as determined by the State Academic Senate    |                                    |                     |
| and the Board of Governors; AND  |                                    |                     |
| B. Part-time teaching experience in a minimum of two of the following instructional areas: Theory, |                                    |                     |
| keyboard, voice, choral, instrumental, and literature.   |                                    |                     |
| C. Performance ability must be commensurate with graduate-level work as determined by the          |                                    |                     |
| music department tenured faculty.  |                                    |                     |
| · · ·  |                                    |                     |

**Changes to FSA or New FSA:** For an *existing* FSA, enter the revised FSA competencies below. For a *new* FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.

#### FSA – Music Competency

- A. Possession of the minimum qualifications in music as determined by the State Academic Senate and the Board of Governors; AND
  - 1. Full or part-time classroom or private teaching experience in music, at the college level, in

a minimum of two of the following instructional areas: Theory, keyboard, voice, choral, instrumental, music literature, or music technology;

2. Performance ability that is commensurate with graduate-level work as determined by the music department's tenured faculty. This may include, but is not limited to: Performance, composition, theory, history, music literature, and music technology.

#### AND

B. Must have taught within the previous five years, a minimum of four satisfactorily evaluated courses. These courses must come from a minimum of two of the following groups at an accredited post-secondary institution;

- 1. Theory, musicianship, keyboard, voice, guitar, composition, and music technology.
- 2. Music history/literature, ethnomusicology (world music).
- 3. Ensemble (instrumental, electronic, and/or choral)
- 4. Applied music or performance studies

#### OR

- C. Professional eminence as determined by the full-time music faculty;
  - 1. As a performer, composer, or musicologist
  - 2. Post-graduate work leading to the doctoral degree in music.

Form completed by:

Date submitted:

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| Reason for denial of request, if applicable: |          |                   |
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| Department: Design and Manufacturin  | g Technologies Department            |                                  |
|--|--------------------------------------|----------------------------------|
| Faculty Service Area: Nutritional Sciences/Dietetic  |                                      |                                  |
| No changes to FSA necessary $\ \square$  | Changes to FSA requested $\ \square$ | New FSA requested $\ \Box old X$ |
| <b>Current FSA:</b> Enter current FSA languag there either, then go to the next box and c  |                                      | ·                                |
| Changes to FSA or New FSA: For an executive enter the competencies for the new FSA I   |                                      |                                  |
| <ol> <li>Possession of the minimum qualifications in Nutritional Science/Dietetics as determined by the state.</li> <li>AND</li> </ol> |                                      |                                  |
| 2. National Certification as a Registered Dietitian  |                                      |                                  |
| Form completed by: Solange   | Bushra Wasef, MS, RD                 | Date submitted: 4/7/20           |

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| Approved  Denied  Denied  Date of decision: |        | Date of decision: |
| Reason for denial of request, if appli      | cable: |                   |



Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum gualifications for the associated discipline. and The list of established disciplines corresponding minimum qualifications is available at http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012 2014.pdf. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to ehiro@palomar.edu. (Due March 2020)

| Department: Philosophy                  |                                   |                               |
|---|-----------------------------------|-------------------------------|
| Faculty Service Area:                   |                                   |                               |
| No changes to FSA necessary $\ \square$ | Changes to FSA requested $ {f X}$ | New FSA requested $\ \square$ |

**Current FSA:** Enter current FSA language for the discipline. Start <u>here</u>. If you don't find it listed, then try <u>here</u>. If it isn't there either, then go to the next box and create a new FSA.

- 1. Possession of the minimum qualifications in Philosophy as determined by the State Academic Senate and the Board of Governors; AND
- 2. Minimum of two semesters' part-time experience teaching Ethical and Political Values, Knowledge and Reality, and Introduction to Logic, plus a minimum of the following: Symbolic Logic, Oriental Philosophies, Philosophy of Religion, Existentialism, Marxism, Pragmatism, Transcendentalism, Philosophy in Literature, Bioethics at an accredited post-secondary institution within the previous five years; AND
- Competence in the history of Philosophy (classic, modern and contemporary), Ethics, Metaphysics, Epistemology, Political Philosophy, Logic (critical thinking and symbolic logic). Competence can be demonstrated by the passing of corresponding graduate school exams, by the approval of corresponding graduate school transcript files, or by publication in standard journals of the discipline; AND
- 4. Evidence of consistently strong student and peer evaluation, indicating the ability to contribute to the Philosophy program at its present level; and be able to demonstrate professional non-teaching activities in the field of Philosophy over the previous three years.

**Changes to FSA or New FSA:** For an *existing* FSA, enter the revised FSA competencies below. For a *new* FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.

- 1. Possession of the minimum qualifications in Philosophy as determined by the State Academic Senate and the Board of Governors; AND
- 2. Minimum of two semesters' part-time experience teaching Introduction to Philosophy, Reasoning About Philosophical Issues, and Critical Thinking or Introduction to Logic, plus a minimum of three of the following taught at an accredited post-secondary institution within the previous five years: Introduction to Ethics, Social and Political Philosophy, Asian Philosophies, Philosophy of Religion, Philosophy in Literature; AND
- 3. Competence in the history of Philosophy (classic, modern and contemporary), Ethics, Metaphysics, Epistemology, Political Philosophy, Logic (critical thinking and symbolic logic). Competence can be demonstrated by the passing of corresponding graduate school exams, by the approval of corresponding graduate school transcript files, or by publication in standard journals of the discipline; AND
- 4. Evidence of consistently strong student and peer evaluations, indicating teaching excellence and the ability to contribute to the Philosophy program at its present level; and be able to demonstrate professional non-teaching activities in the field of Philosophy over the previous three years.

Form completed by: Michael Lockett

Date submitted: 11 – 12 - 19

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| Reason for denial of request, if applicable: |          |                   |
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Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available at <a href="http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012\_2014.pdf">http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012\_2014.pdf</a>. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to <a href="http://ehiro@palomar.edu">ehiro@palomar.edu</a>. (Due March 2020)

| Faculty Service Area: Physics/Astronomy  | У  |  |
|--|--|--|
| No changes to FSA necessary $\Box old X$   | Changes to FSA requested $\ \square$   | New FSA requested 🛛                                    |
| <b>Current FSA:</b> Enter current FSA language there either, then go to the next box and cre   |  | nd it listed, then try <u>here</u> . If it isn't       |
| <ul> <li>FSA-Physical Science Competency:</li> <li>A. Possession of the minimum qualif<br/>Academic Senate and the Board of C</li> <li>B. Possession of a Master's Degree<br/>nine units of upper division or gradua</li> <li>AND</li> <li>C. Minimum of two semesters' part-ti<br/>accredited post-secondary institution</li> </ul> | fications in Interdisciplinary Studies<br>Governors; <b>AND</b><br>in Physics, Astronomy, Geology or<br>ate coursework in a second Physica<br>ime teaching experience in a Physi | r Chemistry plus a minimum o<br>al Science discipline; |
| <b>Changes to FSA or New FSA:</b> For an <i>exist</i><br>the competencies for the new FSA below. <i>A</i>  |  | ncies below. For a <i>new</i> FSA, enter               |
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Form completed by:

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| Approved       Date of decision:         Reason for denial of request, if applicable:       Date of decision: |          |                   |



Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available <u>here</u>. Please remember the first item has to be the state guidelines and cannot be altered.Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to <u>ehiro@palomar.edu</u>. (Due March 2020)

| acult                               | y Service Area: Political Science  |  |  |
|-------------------------------------|--|--|--|
| No c                                | hanges to FSA necessary 🛛  | Changes to FSA requested ${f X}$   | New FSA requested □  |
|                                     | <b>It FSA:</b> Enter current FSA languag ither, then go to the next box and c  | e for the discipline. Start <u>here</u> . If you don'<br>create a new FSA.   | 't find it listed, then try <u>here</u> . If it isn't                                      |
| Senato<br>8. Mas<br>C. Mir<br>Ameri | e and the Board of Governors; A<br>ster's in Political Science or the<br>nimum of two semesters' part<br>can Political Institutions and                              |  | duction to Politics and  |
|                                     |  |  |  |
| enter ti                            | ne competencies for the new FSA t  | isting FSA, enter the revised FSA compe<br>below. Attach additional sheets if needed<br>alifications in Political Science as deternors; AND  | I.   |
| enter ti                            | ne competencies for the new FSA b<br>Possession of the minimum qu<br>Senate and the Board of Gover<br>Minimum of two semesters' pa<br>Science and American Political | pelow. Attach additional sheets if needed alifications in Political Science as determined and the second structure and the second structure and the second structure and second and second and second and second and second and second and secon | ermined by the State Academic<br>duction to Politics/Political<br>ed States and California |

Form completed by: Peter Bowman

Date submitted: 4-21-20

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| Reason for denial of request, if appli | cable:   |                   |
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Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum gualifications for the associated discipline. and The list of established disciplines corresponding minimum qualifications is available at http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012 2014.pdf. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to ehiro@palomar.edu. (Due March 2020)

| Department: Behavioral Sciences     |                                      |                      |
|-------------------------------------|--------------------------------------|----------------------|
| Faculty Service Area: Psychology    |                                      |                      |
| No changes to FSA necessary ${f X}$ | Changes to FSA requested $\ \square$ | New FSA requested  □ |

**Current FSA:** Enter current FSA language for the discipline. Start <u>here</u>. If you don't find it listed, then try <u>here</u>. If it isn't there either, then go to the next box and create a new FSA.

Department: Behavioral Sciences FSA-Psychology

Competency

A. Possession of the minimum qualifications in Psychology as determined by the State Academic Senate and the Board of Governors; AND

B. Minimum of two semesters' part-time experience teaching Introductory Psychology at an accredited post-secondary institution within the previous three years. In addition, the candidate must be sufficiently familiar with at least one of the following areas of Psychology to teach it on an introductory level: Experimental, Physiological, Statistics, Social, Developmental, Abnormal, Human Sexuality, or Personal Growth. AND

C. Competence in the history of Psychology, Experimental Methods, Physiological Psychology, Sensation, Perception, Learning, Memory, Psychological Development, Thinking and Cognition, Motivation and Emotion, Personality, Abnormal Psychology, Therapy and Social Psychology. Competence can be demonstrated by the passing of corresponding graduate school exams, by the approval of corresponding graduate school transcript files, or by publication in standard psychological journals; AND

D. Evidence of consistently strong student and peer evaluations, indicating the ability to contribute to the Psychology program at its present level.

**Changes to FSA or New FSA:** For an *existing* FSA, enter the revised FSA competencies below. For a *new* FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.

| Form completed by: Netta Schro |
|--------------------------------|
|--------------------------------|

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| Reason for denial of request, if applicable: |          |                   |  |  |
|  |          |                   |  |  |



| Department: Business   |                          |                      |   |
|--|--------------------------|----------------------|---|
| Faculty Service Area: Real Estate  |                          |                      |   |
| No changes to FSA necessary $\ \square$  | Changes to FSA requested | ⊐X Ne                | ew FSA requested $\ \square$            |
| <b>Current FSA:</b> Enter current FSA language there either, then go to the next box and c     |                          | ou don't find it lis | ted, then try <u>here</u> . If it isn't |
| Department: Business Education F<br>A. Possession of the minimum qua<br>Board of Governors.    |                          | he State Acad        | demic Senate and the                    |
| <b>Changes to FSA or New FSA:</b> For an <i>ex</i><br>enter the competencies for the new FSA b |                          |                      | elow. For a <i>new</i> FSA,             |
| A. Possession of the minimum qua<br>Senate and the Board of Governor                           |                          | s determined         | by the State Academic                   |
| B. Minimum of two semesters of v<br>post-secondary institution within t                        |                          | eal Estate cou       | rses at an accredited                   |
|  |                          |                      |   |
|  |                          |                      |   |
|  |                          |                      |   |
| Form completed by: Jackie M  | lartin Da                | te submitted:5/      | 9/2020                                  |
|  |                          |                      |   |

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| Approved 🗆                               | Denied | Date of decision: |

Reason for denial of request, if applicable:


Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available at <a href="http://extranet.ccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012\_2014.pdf">http://extranet.ccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012\_2014.pdf</a>. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to <a href="http://entranet.ccco.edu/">ehiro@palomar.edu</a>. (Due March 2020)

| Department: Behavioral Sciences  |  |  |  |
|--|--|--|--|
| Faculty Service Area: Sociology  |  |  |  |
| No changes to FSA necessary  | □ Changes to FSA   | requested XX□  | New FSA requested $\ \square$                                  |
| <b>Current FSA:</b> Enter current FSA lan there either, then go to the next box  |  | Start <u>here</u> . If you don't fi  | nd it listed, then try <u>here</u> . If it isn'                |
| Competence in research methods an<br>competence in three of the following<br>Minority Relations, Social Stratification<br>passing of corresponding graduate-s<br>transcript, or by publication in standa | areas: Social Psychology<br>on, Demography and Urba<br>school exams, by the appr | y, Human Sexuality, Ma<br>an Sociology. Compete<br>oval of corresponding g | rriage and Family, Deviance,<br>nce can be demonstrated by the |
| Changes to FSA or New FSA: For<br>enter the competencies for the new<br>(replace the word Psychological with   | FSA below. Attach additio  |  | ncies below. For a <i>new</i> FSA,                             |
| Change the last phrase of the last se  | <b>U</b> ,   | lication in standard <i>soc</i>  | <i>iological</i> journals…"                                    |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Form completed by: Kat   | hleen Grove  |  | itted: 11/5/2019   |

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| Approved                                     | Denied 🗆 | Date of decision: |  |  |
| Reason for denial of request, if applicable: |          |                   |  |  |
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Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available at <a href="http://extranet.ccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012\_2014.pdf">http://extranet.ccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012\_2014.pdf</a>. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to <a href="http://entranet.cc/en

| Department: Speech Communication & A  | ASL                               |   |  |  |
|---|-----------------------------------|---|--|--|
| Faculty Service Area: Speech Communication/Forensics Competency   |                                   |   |  |  |
| No changes to FSA necessary $\ \square$   | Changes to FSA requested $ {f X}$ | New FSA requested 🛛                                     |  |  |
| <b>Current FSA:</b> Enter current FSA language there either, then go to the next box and cre  |                                   | on't find it listed, then try <u>here</u> . If it isn't |  |  |
| Department: Speech Communication/Fo<br>FSA-Speech/Forensics<br>Competency   | orensics/ASL                      |   |  |  |
| A. Possession of the minimum qualifica<br>Board of Governors; AND   | tions in Speech as determined by  | the State Academic Senate and the                       |  |  |
| <ul> <li>B. Part-time teaching courses at an accredited post-secondary institution in a minimum of two of the following instructional areas within the previous five years: <ol> <li>Public Address -courses such as Oral Communication, Public Speaking, Oral Interpretation, Argumentation and Debate,</li> <li>Communication Theory -courses such as Human Communication, Interpersonal Communication, Small Group Discussion,</li> <li>Forensics -teaching, coaching, or administration of the forensics activity at the post-secondary level; OR</li> <li>By satisfactory completion of 12 semester units or its equivalent at the upper division level in a minimum of two of the previous five years.</li> </ol> </li> </ul> |                                   |   |  |  |
| <b>Changes to FSA or New FSA:</b> For an <i>exis</i> the competencies for the new FSA below.  |                                   | petencies below. For a <i>new</i> FSA, enter            |  |  |
| FSA-Speech Communication/Forensics  |                                   |   |  |  |
| Competency  |                                   |   |  |  |
| A. Possession of the minimum qualifications in Speech as determined by the State Academic Senate and the Board of Governors- Minimum Qualifications: Must meet one of the sets of qualifications listed under a) through c):  |                                   |   |  |  |
| B. Part-time teaching courses at an instructional areas within the previous five  |                                   | on in a minimum of two of the following                 |  |  |
| 1. Public Address -courses such as (<br>and Debate  | Oral Communication, Public Speaki | ng, Oral Interpretation, Argumentation                  |  |  |
| 2. Communication Theory -courses  | such as Human Communication, Int  | erpersonal Communication, Small Group                   |  |  |

Discussion, Intercultural Communication, and Small Group Communication

3. Forensics -teaching, coaching, or administration of the forensics activity at the post- secondary level; OR

C. By satisfactory completion of 12 semester units or its equivalent at the upper division level in a minimum of two of the preceding instructional levels at an accredited, post-secondary institution within the previous five years.

Form completed by: Chris lowry

Date submitted: 12/13/2019

| FACULTY SERVICE AREAS COMMITTEE USE ONLY    |   |  |  |
|---|---|--|--|
| Approved  Denied  Denied  Date of decision: |   |  |  |
| Reason for denial of request, if applic     | Approved     Date of decision:       Reason for denial of request, if applicable:     Date of decision: |  |  |



| Department: Behavioral Sciences   |                                      |                             |  |
|---|--------------------------------------|-----------------------------|--|
| Faculty Service Area: Alcohol and Other Drug Studies/Social Work and Human Services   |                                      |                             |  |
| No changes to FSA necessary $\ \square$   | Changes to FSA requested $\ \square$ | New FSA requested $ {f X} $ |  |
| Current FSA: Enter current FSA language for the discipline. You may reference current FSAs here. Archived 2017 FSAs are located here.   |                                      |                             |  |
| Changes to FSA or New FSA: For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed. Competency   |                                      |                             |  |
| <ul> <li>A. Possession of the minimum qualifications in Psychology OR the equivalent as determined by the State Academic Senate and the Board of Governors; AND</li> <li>B. A minimum of part time professional work experience in the substance abuse field within the past year, AND</li> <li>C. Certification in one of the three State certification agencies: CADTP, CCAPP, or, CAADE AND</li> <li>D. Previous teaching experience in Alcohol or Other Drug Studies, Psychology or Social Work in the last 3 years.</li> </ul> |                                      |                             |  |
| Form completed by: James Fent   | Date subi                            | mitted: 10/28/20            |  |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY               |        |  |  |
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| Approved XX Denied Denied Date of decision: 12/15/2020 |        |  |  |
| Reason for denial of request, if appli                 | cable: |  |  |



| Department: Architecture   |   |  |  |  |
|--|---|--|--|--|
| Faculty Service Area: Architecture   |   |  |  |  |
| No changes to FSA necessary $\ \square$  | Changes to FSA requested $\ \square$  | New FSA requested X $\square$          |  |  |
| <b>Current FSA:</b> Enter current FSA language<br>FSAs are located <u>here</u> .   | ge for the discipline. You may reference cu   | rrent FSAs <u>here</u> . Archived 2017 |  |  |
| No FSA Listed  |   |  |  |  |
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|  | xisting FSA, enter the revised FSA competed below. Attach additional sheets if needed |  |  |  |
| Competency   |   |  |  |  |
| <ul> <li>A. Possession of the minimum qualifications in Architecture as determined by the State Academic Senate and the Board of Governors; AND</li> <li>B. Architecture Registration in one of the 50 States OR</li> <li>C. Significant work experience; 5 years or greater.</li> </ul> |   |  |  |  |
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| Form completed by: Joseph Lucido   | D   | ate submitted: 11/10/2020              |  |  |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY     |  |  |  |
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| Approved XX                                  | pproved XX Denied  Denied Date of decision: 11/17/2020 |  |  |
| Reason for denial of request, if applicable: |  |  |  |
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| Department: Computer Science and   | d Information Technology  |  |
|--|---|--|
| Faculty Service Area: Computer Sci   | ence  |  |
| No changes to FSA necessary $\ \square$  | Changes to FSA requested  | New FSA requested X  |
| <b>Current FSA:</b> Enter current FSA langua there either, then go to the next box and | ge for the discipline. Start <u>here</u> . If you do<br>create a new FSA.   | n't find it listed, then try <u>here</u> . If it isn't         |
| Computer Science as determined<br>B. Must have taught a CIS course<br>two years.       | fications in Computer Science and<br>I by the State Academic Senate an<br>e at an accredited post-secondary<br>n Computer Science or Master's D | nd the Board of Governors; AND institution within the previous |
|  | existing FSA, enter the revised FSA comp<br>below. Attach additional sheets if neede  |  |
| Possession of the minimum qualif<br>Academic Senate and the Board of                   | fications in <mark>Computer Science</mark> as c<br>of Governors.  | determined by the State  |
| Form completed by: Tony S  | mith, CSIT  | Date submitted:5/21/2020                                       |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY               |        |                              |  |
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| pproved XX Denied  Denied Date of decision: 11/17/2020 |        | Date of decision: 11/17/2020 |  |
| Reason for denial of request, if appli                 | cable: |                              |  |



| Department: Computer Science and Information Technology   |   |  |  |
|---|---|--|--|
| Faculty Service Area: Web Technology (CSWB)   |   |  |  |
| No changes to FSA necessary $\Box$  | Changes to FSA requested $\ \square$    | New FSA requested X                        |  |
| <b>Current FSA:</b> Enter current FSA language FSAs are located <u>here</u> .   | e for the discipline. You may reference | e current FSAs <u>here</u> . Archived 2017 |  |
| N/A   |   |  |  |
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| <b>Changes to FSA or New FSA:</b> For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed. |   |  |  |
| A. Possession of the minimum qualifications in Computer Information Systems as determined by the State Academic Senate and the Board of Governors;  |   |  |  |
| AND   |   |  |  |
| B. Minimum of two years of full-time work experience within the last five years in the field of Computer Information Systems or Information Technology in Web Application Development                           |   |  |  |
|   |   |  |  |
| Form completed by: Steve Perry  | D                                       | ate submitted: Oct. 28, 2020               |  |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY                |        |                              |  |
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| Approved XX Denied  Denied Date of decision: 11/17/2020 |        | Date of decision: 11/17/2020 |  |
| Reason for denial of request, if appli                  | cable: |                              |  |



| Faculty Service Area: Dental Assisting         No changes to FSA necessary       Changes to FSA requested X       New FSA requested         Current FSA: Enter current FSA language for the discipline. You may reference current FSAs here. Archived 20 FSAs are located here.       A. Possession of the minimum qualifications in Dental Technology as determined by the State Academic Senate and the Board of Governors; AND         B. Current California license as a Doctor of Dental Surgery or Registered Dental Hygienist with Certified Dental Assistant status.         C. Clinical competency in the use of four-handed dentistry; AND must have background and curre knowledge of dental assisting, educational theory, and methodology must be consistent with the s subjects assigned.         D. Minimum of Bachelor's Degree. |  |  |
|--|--|--|
| <ul> <li>Current FSA: Enter current FSA language for the discipline. You may reference current FSAs <u>here</u>. Archived 20 FSAs are located <u>here</u>.</li> <li>A. Possession of the minimum qualifications in Dental Technology as determined by the State Academic Senate and the Board of Governors; AND</li> <li>B. Current California license as a Doctor of Dental Surgery or Registered Dental Hygienist with Certa Dental Assistant status OR Registered Dental Assistant with Certified Dental Assistant status.</li> <li>C. Clinical competency in the use of four-handed dentistry; AND must have background and curre knowledge of dental assisting, educational theory, and methodology must be consistent with the s subjects assigned.</li> </ul>   |  |  |
| <ul> <li>FSAs are located <u>here</u>.</li> <li>A. Possession of the minimum qualifications in Dental Technology as determined by the State Academic Senate and the Board of Governors; AND</li> <li>B. Current California license as a Doctor of Dental Surgery or Registered Dental Hygienist with Certain Dental Assistant status OR Registered Dental Assistant with Certified Dental Assistant status.</li> <li>C. Clinical competency in the use of four-handed dentistry; AND must have background and curre knowledge of dental assisting, educational theory, and methodology must be consistent with the s subjects assigned.</li> </ul>   |  |  |
| Academic Senate and the Board of Governors; AND<br>B. Current California license as a Doctor of Dental Surgery or Registered Dental Hygienist with Certified Dental Assistant status OR Registered Dental Assistant with Certified Dental Assistant status.<br>C. Clinical competency in the use of four-handed dentistry; AND must have background and curre knowledge of dental assisting, educational theory, and methodology must be consistent with the s subjects assigned.  |  |  |
|  |  |  |
| <b>Changes to FSA or New FSA:</b> For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.  |  |  |
| A.Possession of the minimum qualifications in Dental Technology as determined by the State<br>Academic Senate and the Board of Governors; AND  |  |  |
| B. Current California license as a Doctor of Dental Surgery or Registered Dental Hygienist with<br>Certified Dental Assistant status OR Registered Dental Assistant with Certified Dental Assistant  |  |  |
| status AND<br>C. Clinical competency in the use of four-handed dentistry; AND must have background and current<br>knowledge of dental assisting, educational theory, and methodology must be consistent with the<br>specific subjects assigned AND<br>D. Minimum of Bachalar's Degree in any discipline  |  |  |
| D. Minimum of Bachelor's Degree in any discipline.   |  |  |
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| Form completed by: Denise Rudy Date submitted: 12-9-   |  |  |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY               |  |  |
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| Approved XX Denied Denied Date of decision: 12/15/2020 |  |  |
| Reason for denial of request, if applicable:           |  |  |



Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available <u>here</u>. Please remember the first item has to be the state guidelines and cannot be altered. Submit the form to the Faculty Service Areas Committee Chair, Ben Mudgett, when complete via email to bmudgett@palomar.edu.

| Department: English, Humanities, and Read   | ing   |  |
|---|---|--|
| Faculty Service Area: English   |   |  |
| No changes to FSA necessary   | Changes to FSA requested X  | New FSA requested 🛛                              |
| <b>Current FSA:</b> Enter current FSA language for either, then go to the next box and create a new       |   | listed, then try <u>here</u> . If it isn't there |
| <b>Minimum qualifications</b> :<br>Master's in English, literature, comparat                              | ive literature, or composition  |  |
| OR  |   |  |
| Bachelor's in any of the above  |   |  |
| AND   |   |  |
| Master's in linguistics, TESL, speech, ed   | ucation with a specialization in readir   | ng, creative writing or journalism               |
| <b>OR</b> the equivalent.   |   |  |
| and the Board of Governors, AN<br>B. Master's Degree in English, Brit<br>Rhetoric, or the equivalent, ANI | ish or American Literature, Compara<br>)<br>art-time teaching experience in Englis  | tive Literature, Composition, or                 |
| <b>Changes to FSA or New FSA:</b> For an <i>existing</i> competencies for the new FSA below. Attach a     | FSA, enter the revised FSA competencies be<br>additional sheets if needed.  | elow. For a <i>new</i> FSA, enter the            |
| Department: English<br>FSA- English Competency  |   |  |
| Board of Governors; AND<br>B. Minimum of three semesters' (or   | fications in English as determined by the<br>five quarters') part-time teaching exper<br>itution within the previous three years<br>udent and peer evaluations. | rience in composition or English at              |

Form completed by: Leanne Maunu

| FACULTY SERVICE AREAS COMMITTEE USE ONLY     |          |                            |
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| Approved XX                                  | Denied 🗆 | Date of decision: 12/15/20 |
| Reason for denial of request, if applicable: |          |                            |



Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available <u>here</u>. Please remember the first item has to be the state guidelines and cannot be altered. Submit the form to the Faculty Service Areas Committee Chair, Ben Mudgett, when complete via email to bmudgett@palomar.edu.

| Department: English  |  |                     |  |
|--|--|---------------------|--|
| Faculty Service Area: Humanities   |  |                     |  |
| No changes to FSA necessary $\ \square$  | Changes to FSA requested $$ X $$ $\square$                                     | New FSA requested 🛛 |  |
| <b>Current FSA:</b> Enter current FSA language for the discipline. Start <u>here</u> . If you don't find it listed, then try <u>here</u> . If it isn't there either, then go to the next box and create a new FSA.   |  |                     |  |
| <b>Minimum qualifications</b> :<br>Master's in Humanities<br>OR the equivalent   |  |                     |  |
| <ul> <li>DR the equivalent</li> <li>Department: English</li> <li>FSA-Humanities Competency</li> <li>A. Possession of the minimum qualifications in Humanities as determined by the State Academic Senate and the Board of Governors; AND</li> <li>B. Master's Degree in Humanities OR Master's in English, Literature, Comparative Literature, Music, Philosophy, Art, Art History, History OR the equivalent. If instructor's Master's Degree is not in Humanities, the instructor's course work must be determined to be broad enough to provide an ample basis for teaching such a course; AND</li> <li>C. Minimum of three semesters' part-time teaching experience in humanities at an accredited post-secondary institution within the previous three years. AND</li> <li>D. Evidence of consistently strong student and peer evaluations, indicating the ability to contribute to the Humanities program at its present level.</li> </ul> |  |                     |  |
| Changes to FSA or New FSA: For an <i>ex</i> enter the competencies for the new FSA b   |  |                     |  |
| Department: English<br>FSA-Humanities Competency   |  |                     |  |
| the Board of Governors; AND  | lifications in Humanities as determined aching experience in Humanities and/or |                     |  |

- b. Minimum of three semesters' teaching experience in Humanities and/or English at an accredited postsecondary institution within the previous three years. The candidate must be sufficiently familiar with the field of Humanities at the introductory level, as evidenced by teaching experience and graduate coursework; AND
- C. Evidence of consistently strong student and peer evaluations, indicating the ability to contribute to the field of Humanities.

Form completed by: Leanne Maunu

| FACULTY SERVICE AREAS COMMITTEE USE ONLY            |  |                              |
|---|--|------------------------------|
| Approved Denied Denied Date of decision: 09/15/2020 |  | Date of decision: 09/15/2020 |
| Reason for denial of request, if applicable:        |  |                              |



| Department: Business Administration  |  |  |
|--|--|--|
| Faculty Service Area: Office Technologies  |  |  |
| No changes to FSA necessary $\ \square$  | Changes to FSA requested $\ \square$       | New FSA requested $x\Box$              |
| <b>Current FSA:</b> Enter current FSA language<br>FSAs are located <u>here</u> .   | e for the discipline. You may reference cu | rrent FSAs <u>here</u> . Archived 2017 |
| Changes to FSA or New FSA: For an <i>ex</i> enter the competencies for the new FSA b   |  |  |
| A. Possession of the minimum qua<br>systems, word processing, comput<br>53412(h) as determined by the Sta<br>equivalent, AND   | er applications, automated office tr       | aining), including CCR                 |
| B. Minimum of two semesters of teaching office technologies courses or equivalent courses at an accredited post-secondary institution within the previous three years. |  |  |
| Form completed by: Jackie Martin   |  | Date submitted: 9/28/2020              |
|  |  |  |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY     |          |                              |
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| Approved XX                                  | Denied 🗆 | Date of decision: 12/15/2020 |
| Reason for denial of request, if applicable: |          |                              |



| Department: Behavioral Sciences  |  |  |  |
|--|--|--|--|
| Faculty Service Area: Psychology   |  |  |  |
| No changes to FSA necessary 🛛  | Changes to FSA requested $ {\sf X} $       | New FSA requested 🛛                    |  |
| <b>Current FSA:</b> Enter current FSA language<br>FSAs are located <u>here</u> .   | e for the discipline. You may reference cu | rrent FSAs <u>here</u> . Archived 2017 |  |
| Department: Behavioral Sciences I  | SA-Psychology                              |  |  |
| Competency   |  |  |  |
| A. Possession of the minimum qua<br>Senate and the Board of Governor   |  | ined by the State Academic             |  |
| B. Minimum of two semesters' part-time experience teaching Introduction to Psychology, Statistics for the Behavioral Sciences, or Research Methods in Psychology at an accredited post-secondary institution within the previous three years. In addition, the candidate must be sufficiently familiar with at least one of the following areas of Psychology to teach it on an introductory level: Experimental, Physiological, Statistics, Social, Developmental, Abnormal, Human Sexuality, or Personal Growth. AND |  |  |  |
| C. Competence in the history of Psychology, Experimental Methods, Physiological Psychology,<br>Sensation, Perception, Learning, Memory, Psychological Development, Thinking and Cognition,<br>Motivation and Emotion, Personality, Abnormal Psychology, Therapy and Social Psychology.<br>Competence can be demonstrated by the passing of corresponding graduate school exams, by the<br>approval of corresponding graduate school transcript files, or by publication in standard<br>psychological journals; AND     |  |  |  |
| D. Evidence of consistently strong to the Psychology program at its pr   | •  | ating the ability to contribute        |  |
| Changes to FSA or New FSA: For an ex<br>enter the competencies for the new FSA b   |  |  |  |
| Department: Behavioral Sciences FSA-Psychology   |  |  |  |
| Competency   |  |  |  |

A. Possession of the minimum qualifications in Psychology as determined by the State Academic Senate and the Board of Governors; AND

B. Minimum of two semesters' part-time experience teaching courses in Introduction to Psychology, Statistics for the Behavioral Sciences, Physiological Psychology, or Research Methods in Psychology, or similar courses at an accredited post-secondary institution within the previous three years. AND

C. Competence in the discipline of psychology as demonstrated by coursework, graduate school exams, degrees, publications in standard psychological journals, and/or professional work experience in at least one of the following areas of Psychology: Experimental, Physiological, Statistics, Social, Developmental, Cognitive, Abnormal, or Learning or AND

D. Evidence of consistently strong student and peer evaluations.

Form completed by: Netta Schroer

Date submitted: 10-28-20

| FACULTY SERVICE AREAS COMMITTEE USE ONLY     |          |                             |
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| Approved xx                                  | Denied 🗆 | Date of decision:12/17/2020 |
| Reason for denial of request, if applicable: |          |                             |



| Department: English, Humanities, and Reading   |                                      |                                  |
|--|--------------------------------------|----------------------------------|
| Faculty Service Area: READING  |                                      |                                  |
| No changes to FSA necessary $\ \square$  | Changes to FSA requested $\ \square$ | New FSA requested $\ \Box old X$ |
| Current FSA: Enter current FSA language for the discipline. Start <u>here</u> . If you don't find it listed, then try <u>here</u> . If it isn't there either, then go to the next box and create a new FSA.  |                                      |                                  |
| <b>Changes to FSA or New FSA:</b> For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.  |                                      |                                  |
| Department: Reading FSA-Reading Competency<br>A. Possession of the minimum qualifications in Reading as determined by the State Academic<br>Senate and the Board of Governors. AND<br>B. Minimum of two semesters' part-time professional experience in reading or learning assistance<br>at an accredited post-secondary institution within the previous seven years. |                                      |                                  |
| Form completed by: Erin Feld   | D                                    | ate submitted:9/14/20            |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY     |          |                              |
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| Approved XX                                  | Denied 🗆 | Date of decision: 10/06/2020 |
| Reason for denial of request, if applicable: |          |                              |



| Department: Computer Science and Information Technology   |  |  |  |  |
|---|--|--|--|--|
| Faculty Service Area: Information Techn   | Faculty Service Area: Information Technology   |  |  |  |
| No changes to FSA necessary $\ \square$   | Changes to FSA requested $\ \square$   | New FSA requested X                    |  |  |
| <b>Current FSA:</b> Enter current FSA languag<br>FSAs are located <u>here</u> .   | e for the discipline. You may reference cu   | rrent FSAs <u>here</u> . Archived 2017 |  |  |
| N/A   |  |  |  |  |
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|   | <i>kisting</i> FSA, enter the revised FSA compet<br>below. Attach additional sheets if needed. |  |  |  |
| A. Possession of the minimum qu<br>the State Academic Senate and  | alifications in Computer Informatior<br>d the Board of Governors;                              | Systems as determined by               |  |  |
| AND   |  |  |  |  |
| B. Minimum of two years of full-time professional work experience in computer information<br>systems/information technology or related discipline within the last five years. |  |  |  |  |
| OR  |  |  |  |  |
|   | e teaching experience in computer<br>y or related discipline within the last                   |  |  |  |
| Form completed by: Terrie Lynn Cano   | Date submitted:  | 12/14/2020                             |  |  |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY             |        |  |  |
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| Approved X Denied  Denied Date of decision: 2/2/2021 |        |  |  |
| Reason for denial of request, if appli               | cable: |  |  |



Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available at <a href="http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012\_2014.pdf">http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012\_2014.pdf</a>. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to <a href="http://ehiro@palomar.edu">ehiro@palomar.edu</a>. (Due March 2020)

| Depart | ment: Public Safety  |  |                                     |  |  |
|--------|--|--|-------------------------------------|--|--|
| Facult | Faculty Service Area: Fire Technology  |  |                                     |  |  |
| No c   | hanges to FSA necessary $\ \square$  | Changes to FSA requested   | New FSA requested X                 |  |  |
|        | <b>Current FSA:</b> Enter current FSA language for the discipline. Start <u>here</u> . If you don't find it listed, then try <u>here</u> . If it isn't there either, then go to the next box and create a new FSA.   |  |                                     |  |  |
| -      |  | isting FSA, enter the revised FSA compet<br>below. Attach additional sheets if needed. |                                     |  |  |
| А.     | Possession of the minimum qualification of Governors AND   | tions in Fire Technology as determined by the  | State Academic Senate and the Board |  |  |
| В.     | B. Two years of full time professional experience as a fire fighter performing suppression duties within a Recognized Fire Agency in California AND  |  |                                     |  |  |
| C.     | C. Possession of one of the following certificates by time of appointment: California State Fire Marshal (CSFM) certification<br>as an Instructor I; OR have completed the equivalent combination of classes: "Fire Instructor 1A and 1B"; or "Training<br>Instructor 1A and 1B and 1C"; or "Instructor 1"; OR the National Fire Academy (NFA) "Fire Service Instructional<br>Methodology" course. |  |                                     |  |  |
| Form   | completed by: Ed Sprag   | que Date submitted:  | 11/6/2020                           |  |  |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY          |        |  |  |
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| Approved X Denied Denied Date of decision: 2/2/21 |        |  |  |
| Reason for denial of request, if appli            | cable: |  |  |



| Department: Trade and Inc  | dustry               |  |                                      |
|--|----------------------|--|--------------------------------------|
| Faculty Service Area:<br>Air Conditioning, Heating,                      | and Refrigeration To | echnology  |                                      |
| No changes to FSA nece   | essary 🗆 🛛 Cha       | anges to FSA requested $\ \square$   | New FSA requested X                  |
| <b>Current FSA:</b> Enter current FSAs are located <u>here</u> .<br>None | FSA language for the | discipline. You may reference curre  | ent FSAs <u>here</u> . Archived 2017 |
| -  | -                    | SA, enter the revised FSA competer<br>Attach additional sheets if needed.                      | ncies below. For a <i>new</i> FSA,   |
| Department: Trade and<br>Discipline: Air Condition                       |                      | Refrigeration Technology (AC   | R)                                   |
| Technology as determin   | ned by the State A   | ons in Air Conditioning, Heating<br>cademic Senate and the Boar<br>erant Handling Section 608. |                                      |
|  |                      |  |                                      |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY |        |  |  |
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| Approved Date of decision: 4/6/2021      |        |  |  |
| Reason for denial of request, if appli   | cable: |  |  |



Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. **At minimum, an FSA must include the minimum qualifications for the associated discipline.** The list of established disciplines and corresponding minimum qualifications is available <u>here</u>. Please remember the first item has to be the state guidelines and cannot be altered. Submit the form to the Faculty Service Areas Committee Chair, Ben Mudgett, when complete via email to bmudgett@palomar.edu.

| Department: Per   | orming Arts  |   |   |  |  |  |
|---|--|---|---|--|--|--|
| Faculty Service Area: Theatre Arts  |  |   |   |  |  |  |
| No changes to   | FSA necessary  |   | Changes to FSA  | requested  | New FSA ı  | requested 🖌  |
| <b>Current FSA:</b> Ent<br>FSAs are located   |  | guage for t   | he discipline. Yo   | ou may referenc  | ce current FSAs <u>here</u> . /  | Archived 2017  |
| A. Master's or Ma<br><b>OR</b>  | aster of Fine Arts i   | n drama/th  | eater arts/ perfo   | rmance.  |  |  |
| B. Bachelor's or <b>AND</b> ,   | Bachelor of Fine A   | rts in dram   | a/theater arts/pe   | erformance;  |  |  |
|   |  | e, English,   | communication   | studies, speecł  | n, literature or humaniti  | es   |
| enter the com<br>A. Possessic<br>and the B<br>AND,<br>B. Evidence<br>Acting, Dir<br>profession<br>AND,<br>C. Must have<br>student ar<br>following g<br>1. Ac<br>Ju<br>2. B<br>w<br>3. C | petencies for the n<br>on of the minimum<br>bard of Governors;<br>of participation in a<br>recting, Design or h<br>hal level;<br>taught within the<br>d peer evaluations<br>groups of courses of<br>cting, Directing, Im<br>ustice Theatre and<br>50, TA 215 or TA 2<br>body and Movemen<br>ith curriculum mator<br>rew Training, Sour<br>roduction with curri | ew FSA be<br>qualificatio<br>at least two<br>Dramaturg<br>previous 5<br>s, indicating<br>provisation<br>Performan<br>16 courses<br>t, Vocal Te<br>ching our T<br>ad Reinford<br>culum mat | elow. Attach add<br>ns in Drama/The<br>production per<br>y at the semi-pro<br>years a minimul<br>g the ability to co<br>livalent:<br>hal Theatre, Mas<br>ice Studies with<br>s.<br>chnique/Training<br>A 119, TA 173,<br>bement, Stage Li<br>iching our TA 19 | itional sheets if<br>eatre Arts as de<br>years during the<br>ofessional (non-<br>m of four course<br>ontribute to the<br>ked-Acting or o<br>curriculum mat<br>g, Musical Thea<br>MUS 130 cours<br>ghting, Stagecr<br>2, TA 107, TA | etermined by the State<br>e last 5 years as a The<br>-union professional), no<br>es, with evidence of co<br>currency in the field, fro<br>other Style-specific Acti<br>ching our TA 113, TA 1<br>atre and/or Musical Per | Academic Senate<br>eatre Practitioner in<br>on-profit or<br>nsistently strong<br>om two of the<br>ng Training, Social<br>115, TA 116, TA<br>formance Studies<br>nd Stage Crew<br>50 Courses. |
|   | / Mask Design, Projection Design, Scene Design, or Sound Design with curriculum matching our TA<br>106, TA 109, TA 131Courses<br><b>OR</b>   |   |   |  |  |  |
| D. Profession   |  |   |   |  |  |  |
| 1. A:<br><b>AND</b> ,   | s an Actor, Theatre  | e Productio   | n Designer, The   | atre Director, D   | )ramaturg, or Theatre ∃  | Fechnician.  |
| 2. P  | ost-graduate work<br>esign, Dramatic Lit   |   |   |  | eatre Acting, Theatre I  | Directing, Theatre   |
| Form completed  |  |   |   | Eramatargy of  | Date submitted: 0  | 5/18/21  |
| •   | -  | -   |   |  |  |  |

#### FACULTY SERVICE AREAS COMMITTEE USE ONLY

| Approved 🗸                                   | Denied | Date of decision: 12/07/2021 |  |
|--|--------|------------------------------|--|
| Reason for denial of request, if applicable: |        |                              |  |
|  |        |                              |  |
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|  |        |                              |  |

FSA 02/01/2021 bm



| Department: Trade and Industry  |  |  |  |  |  |
|---|--|--|--|--|--|
| Faculty Service Area: Automotive Bod  | Faculty Service Area: Automotive Body Technology |  |  |  |  |
| No changes to FSA necessary $\ \square$   | Changes to FSA requested $\ \square$             | New FSA requested X                    |  |  |  |
| <b>Current FSA:</b> Enter current FSA language FSAs are located <u>here</u> .   | e for the discipline. You may reference cu       | rrent FSAs <u>here</u> . Archived 2017 |  |  |  |
| None  |  |  |  |  |  |
|   |  |  |  |  |  |
| <b>Changes to FSA or New FSA:</b> For an <i>ex</i> enter the competencies for the new FSA b   |  |  |  |  |  |
| Department: Trade and Industry<br>Discipline: Automotive Body Techr   | nology (AB)                                      |  |  |  |  |
| A. Possession of the minimum qualifications in Automotive Technology as determined by the State<br>Academic Senate and the Board of Governors |  |  |  |  |  |
|   |  |  |  |  |  |
| Form completed by: Anthony  | Fedon Date submitted:                            | 3-18-21                                |  |  |  |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY          |  |  |  |  |
|---|--|--|--|--|
| Approved Denied Denied Date of decision: 4/6/2021 |  |  |  |  |
| Reason for denial of request, if applicable:      |  |  |  |  |
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| Department: Trade and Industry  |  |                            |                                     |  |  |  |
|---|--|----------------------------|-------------------------------------|--|--|--|
| Faculty Service Area: Automotiv   | e Technology   |                            |                                     |  |  |  |
| No changes to FSA necessary   | No changes to FSA necessary  Changes to FSA requested  New FSA requested X |                            |                                     |  |  |  |
| <b>Current FSA:</b> Enter current FSA la FSAs are located <u>here</u> . | nguage for the disciplin   | e. You may reference curre | nt FSAs <u>here</u> . Archived 2017 |  |  |  |
| None  |  |                            |                                     |  |  |  |
|   |  |                            |                                     |  |  |  |
|   |  |                            |                                     |  |  |  |
| Changes to FSA or New FSA: For<br>enter the competencies for the new    |  |                            | cies below. For a <i>new</i> FSA,   |  |  |  |
| Department: Trade and Indus<br>Discipline: Automotive Techne            | •  |                            |                                     |  |  |  |
| A. Possession of the minimum<br>Academic Senate and the Bo              |  | utomotive Technology       | as determined by the State          |  |  |  |
|   |  |                            |                                     |  |  |  |
|   |  |                            |                                     |  |  |  |
|   |  |                            |                                     |  |  |  |
| Form completed by: An   | thony Fedon  | Date submitted:            | 3-18-21                             |  |  |  |
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| FACULTY SERVICE AREAS COMMITTEE USE ONLY     |  |  |  |  |
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| Approved Date of decision: 4/6/2021          |  |  |  |  |
| Reason for denial of request, if applicable: |  |  |  |  |
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| Department: Trade and Industry  |                |                 |                     |
|---|----------------|-----------------|---------------------|
| Faculty Service Area: Diesel Technology   |                |                 |                     |
| No changes to FSA necessary $\square$   | Changes to FSA | requested 🗆     | New FSA requested X |
| <b>Current FSA:</b> Enter current FSA language for the discipline. You may reference current FSAs <u>here</u> . Archived 2017 FSAs are located <u>here</u> .  |                |                 |                     |
|   |                |                 |                     |
| <b>Changes to FSA or New FSA:</b> For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed. |                |                 |                     |
| Department: Trade and Industry<br>Discipline: Diesel Technology (DMT)   |                |                 |                     |
| A. Possession of the minimum qualifications in Diesel Technology as determined by the State<br>Academic Senate and the Board of Governors   |                |                 |                     |
|   |                |                 |                     |
|   |                |                 |                     |
| Form completed by: Anth   | ony Fedon      | Date submitted: | 3-18-21             |
|   |                |                 |                     |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY     |  |  |  |
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| Approved Date of decision: 4/6/2021          |  |  |  |
| Reason for denial of request, if applicable: |  |  |  |
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| Department: Design and Manufacturing Technologies  |  |                               |  |
|--|--|-------------------------------|--|
| Faculty Service Area: Drafting Technology  |  |                               |  |
| No changes to FSA necessary  | Changes to FSA requested $\ \square$   | New FSA requested ${f X}$     |  |
|  | Bachelor's degree; and two years of full-time professional experience, or the equivalent part time professional experience related to the subject of the course taught |                               |  |
| OR   |  |                               |  |
| Associate degree; and six years of full-time related to the subject of the course taught   | Associate degree; and six years of full-time professional experience, or the equivalent part time professional experience related to the subject of the course taught  |                               |  |
| OR   |  |                               |  |
| Possession of a full-time, clear California E instruction in the subject matter  | Designated Subjects Adult Education Te   | aching Credential authorizing |  |
| OR   |  |                               |  |
| For courses in an occupation for which the district offers or has offered apprenticeship instruction, the minimum qualifications for noncredit apprenticeship instructors in that occupation, as specified in title 5 section 53413. |  |                               |  |
| <b>Changes to FSA or New FSA:</b> For an <i>exi</i> enter the competencies for the new FSA b   |  |                               |  |
| A. Possession of the minimum qualifications in Drafting related technologies as determined by the State<br>Academic Senate and the Board of Governors; AND   |  |                               |  |
| B. A minimum of two semesters professional part-time teaching experience in Drafting related technologies at<br>an accredited secondary or post-secondary institution in the discipline within the last five years;                  |  |                               |  |
| Form completed by: Anita R.  | <b>Falone</b>  | Date submitted: 11.23.20      |  |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY     |  |  |
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| Approved Date of decision: 4/6/2021          |  |  |
| Reason for denial of request, if applicable: |  |  |
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Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available <u>here</u>. Please remember the first item has to be the state guidelines and cannot be altered. Submit the form to the Faculty Service Areas Committee Chair, Ben Mudgett, when complete via email to bmudgett@palomar.edu.

**Department: Disability Resource Center** 

Faculty Service Area: DSPS Counselor

No changes to FSA necessary

Changes to FSA requested

New FSA requested X

**Current FSA:** Enter current FSA language for the discipline. You may reference current FSAs <u>here</u>. Archived 2017 FSAs are located <u>here</u>.

**Changes to FSA or New FSA:** For an *existing* FSA, enter the revised FSA competencies below. For a *new* FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.

- A. Possession of the minimum qualifications for a DRC Counselor as determined by the CA Education Code, State Academic Senate and Board of Governors; AND
- B. Evidence of strong peer evaluations in the last three years AND
- C. Experience providing DRC counseling on at least a part-time basis in the last three years AND
- D. Part-time DRC teaching experience in the last three years integrating learning assistive technology, personal growth pedagogy, learning strategy, and career development AND
- E. Evidence of proficiency in computer technology for counseling and data tracking demonstrated by a personal statement of competency.

| Form completed by: Shauna Moriarty, Ed.D. | Date submitted: 3-10-21 |
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| FACULTY SERVICE AREAS COMMITTEE USE ONLY     |  |  |  |
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| Approved Date of decision: 4/6/2021          |  |  |  |
| Reason for denial of request, if applicable: |  |  |  |
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| Department: Trade and Industry, Water and Wastewater Technology   |  |                      |  |  |
|---|--|----------------------|--|--|
| Faculty Service Area: Environmental Technology  |  |                      |  |  |
| No changes to FSA necessary $\ \square$   | Changes to FSA requested $\ \square$   | New FSA requested X  |  |  |
| <b>Current FSA:</b> Enter current FSA languag FSAs are located <u>here</u> .  | <b>Current FSA:</b> Enter current FSA language for the discipline. You may reference current FSAs <u>here</u> . Archived 2017 FSAs are located <u>here</u> . |                      |  |  |
| None  |  |                      |  |  |
| Changes to FSA or New FSA: For an exenter the competencies for the new FSA I  |  |                      |  |  |
| Department: Trade and Industry<br>Discipline: Wastewater Technology   | y Education and Water Technolog  | y Education (WWT/WT) |  |  |
| A. Possession of the minimum qualifications in Wastewater Technology Education and Water Technology Education as determined by the State Academic Senate and the Board of Governors . |  |                      |  |  |
|   |  |                      |  |  |
|   |  |                      |  |  |
| Form completed by: Anthony  | Fedon Date submitted   | : 3-18-21            |  |  |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY     |          |                            |  |
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| Approved □X                                  | Denied 🗆 | Date of decision: 4/6/2021 |  |
| Reason for denial of request, if applicable: |          |                            |  |
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Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available at <a href="http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012\_2014.pdf">http://extranet.cccco.edu/Portals/1/AA/MinQuals/MinimumQualificationsHandbook2012\_2014.pdf</a>. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to <a href="http://ehino@palomar.edu">ehino@palomar.edu</a>. (Due March 2020)

| Department: Ethnic Studies   |                                      |                         |
|--|--------------------------------------|-------------------------|
| Faculty Service Area: Ethnic Studies   |                                      |                         |
| No changes to FSA necessary  | Changes to FSA requested $\ \square$ | New FSA requested X     |
| <b>Current FSA:</b> Enter current FSA language for the discipline. Start <u>here</u> . If you don't find it listed, then try <u>here</u> . If it isn't there either, then go to the next box and create a new FSA.   |                                      |                         |
| <ul> <li>Changes to FSA or New FSA: For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.</li> <li>A. Possession of the minimum qualifications in Ethnic Studies as determined by the State Academic Senate and the Board of Governors. If interdisciplinary studies is used to meet competency A, upper division or graduate coursework in at least one other constituent discipline shall be defined as 12 graduate level units completed in at least one other constituent discipline. The additional constituent disciplines include Ethnic Studies, Chicano Studies, or Africana Studies AND</li> <li>B. Teaching experience at an accredited post-secondary institution within the last three years in at least one of the three disciplines offered by the Palomar College Ethnic Studies Department. These disciplines include Ethnic Studies, Chicano Studies, and Africana Studies.</li> </ul> |                                      |                         |
| Form completed by: Rodolfo Jacobo  |                                      | Date submitted:3/6/2021 |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY          |  |  |
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| Approved Denied Denied Date of decision: 4/6/2021 |  |  |
| Reason for denial of request, if applicable:      |  |  |
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Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available <u>here</u>. Please remember the first item has to be the state guidelines and cannot be altered. Submit the form to the Faculty Service Areas Committee Chair, Erin Hiro, when complete via email to <u>ehiro@palomar.edu</u>. (Due March 2020)

| Department: Fashion and Related Technologies (Merchandising, design, production)  |                                      |                                     |  |
|---|--------------------------------------|-------------------------------------|--|
| Faculty Service Area: Fashion and Related Technologies  |                                      |                                     |  |
| No changes to FSA necessary $\ \square$   | Changes to FSA requested $\ \square$ | New FSA requested $\Box \mathbf{X}$ |  |
| <b>Current FSA:</b> Enter current FSA language for the discipline. Start <u>here</u> . If you don't find it listed, then try <u>here</u> . If it isn't there either, then go to the next box and create a new FSA.<br>Not Found   |                                      |                                     |  |
| <b>Changes to FSA or New FSA:</b> For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.<br>The Assistant Professor, Fashion is primarily responsible for teaching a variety of courses in the discipline of fashion and related technologies. Specifically, these courses include lecture and laboratory classes in a variety of topics |                                      |                                     |  |

related to Fashion Merchandising and Fashion Design.

- A. Possession of the minimum qualifications in Fashion Related Technologies as determined by the State Academic Senate and the Board of Governors; AND
- B. A minimum of two semesters' part-time teaching experience or course work in Fashion Related Technologies at an accredited secondary or post-secondary institution in the discipline within the last three years.

| FACULTY SERVICE AREAS COMMITTEE USE ONLY          |  |  |  |
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| Approved Denied Denied Date of decision: 4/6/2021 |  |  |  |
| Reason for denial of request, if applicable:      |  |  |  |
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Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available <u>here</u>. Please remember the first item has to be the state guidelines and cannot be altered. Submit the form to the Faculty Service Areas Committee Chair, Ben Mudgett, when complete via email to bmudgett@palomar.edu.

| Department: Design and Manufacturing Technologies   |                                      |                            |  |
|---|--------------------------------------|----------------------------|--|
| Faculty Service Area: Interior Design   |                                      |                            |  |
| No changes to FSA necessary $\ \square$   | Changes to FSA requested $\ \square$ | New FSA requested X        |  |
| <b>Current FSA:</b> Enter current FSA language for the discipline. You may reference current FSAs <u>here</u> . Archived 2017 FSAs are located <u>here</u> .  |                                      |                            |  |
| No FSA listed   |                                      |                            |  |
| <b>Changes to FSA or New FSA:</b> For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed. |                                      |                            |  |
| Competency  |                                      |                            |  |
| A. Possession of the minimum qualifications in Interior Design as determined by the State Academic Senate and the Board of Governors; AND   |                                      |                            |  |
| One of the Following:   |                                      |                            |  |
| <ul> <li>B. NCIDQ Certified (Interior Designer who have passed the National Certification of Interior Design Qualification<br/>exam); OR</li> </ul>   |                                      |                            |  |
| C. A minimum of two semesters' part-time teaching experience in Interior Design or a related discipline at an accredited secondary or post-secondary institution within the last three years.                   |                                      |                            |  |
| Form completed by: Jessica NewmanDate submitted: 11/5/2020  |                                      |                            |  |
| FACULTY SERVICE AREAS COMMITTEE USE ONLY  |                                      |                            |  |
| Approved □X   | Denied                               | Date of decision: 4/6/2021 |  |

Reason for denial of request, if applicable:



| Department: Business Administration Department   |                                      |                           |  |
|--|--------------------------------------|---------------------------|--|
| Faculty Service Area: Law  |                                      |                           |  |
| No changes to FSA necessary $\ \square$  | Changes to FSA requested $\ \square$ | New FSA requested $X\Box$ |  |
| No changes to FSA necessary       Changes to FSA requested       New FSA requested X         Current FSA:       Enter current FSA language for the discipline. You may reference current FSAs here. Archived 2017 FSAs are located here.   |                                      |                           |  |
| Changes to FSA or New FSA: For an exercise of the new FSA  |                                      |                           |  |
| <ul> <li>A. Possession of the minimum qualifications in Law, as determined by the State Academic Senate and the Board of Governors, OR the equivalent; AND</li> <li>B. Possession of an active or inactive U.S. state bar license; AND</li> <li>C. Minimum of two years of post-bar professional (non-teaching) legal work experience; AND</li> <li>D. Minimum of two semesters of teaching courses in Law at an accredited post-secondary institution within the previous three years; AND</li> <li>E. A minimum of two peer evaluations that indicate the ability to contribute to currency in the field of law; AND</li> <li>F. Currency in technology equivalent to the Palomar College POET, OEI or comparable coursework and/or certifications.</li> </ul> |                                      |                           |  |
| Form completed by: Jackie Martin   |                                      | Date submitted: 3/25/2021 |  |
|  |                                      |                           |  |
| FACULTY SERVICE AREAS COMMITTEE USE ONLY   |                                      |                           |  |

| Approved □X                                  | Denied 🗆 | Date of decision: 4/6/2021 |
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| Reason for denial of request, if applicable: |          |                            |
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| Department:  |  |  |  |
|--|--|--|--|
| Faculty Service Area:  |  |  |  |
| No changes to FSA necessary $\ \square$  | Changes to FSA requested 🛛               | New FSA requested  □                     |  |
| <b>Current FSA:</b> Enter current FSA langua<br>FSAs are located <u>here</u> . | ge for the discipline. You may reference | current FSAs <u>here</u> . Archived 2017 |  |
| Changes to FSA or New FSA: For an element of the competencies for the new FSA  |  |  |  |
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| ×  | TY SERVICE AREAS COMMITTEE US            |  |  |
| Approved D X   | Denied 🗆                                 | Date of decision: 5/6/2021               |  |
| Reason for denial of request, if applic  | able:                                    |  |  |



| Department: Earth, Space, and Environmental Science  |   |   |  |  |
|--|---|---|--|--|
| Faculty Service Area: Physical Science   | Faculty Service Area: Physical Science  |   |  |  |
| No changes to FSA necessary $\ \square$  | Changes to FSA requested $\ \Box old X$ | New FSA requested $\square$                           |  |  |
| <b>Current FSA:</b> Enter current FSA languag there either, then go to the next box and c  |   | 't find it listed, then try <u>here</u> . If it isn't |  |  |
| <ul> <li>A. Possession of the minimum qualifications in Physical Science as determined by the State Academic Senate and the Board of Governors; AND</li> <li>B. Possession of a Master's Degree in Physics, Astronomy, Geology or Chemistry plus a minimum of nine units of upper division or graduate coursework in a second Physical Science discipline; AND</li> <li>C. Minimum of two semesters' part-time teaching experience in a Physical Science discipline at an accredited post-secondary institution within the previous two years.</li> </ul>  |   |   |  |  |
| <ul> <li>Changes to FSA or New FSA: For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.</li> <li>A. Possession of the minimum qualifications in Interdisciplinary Studies, or the equivalent, as determined by the State Academic Senate and the Board of Governors, AND</li> <li>B. Possession of the minimum qualifications in Physical Science as determined by the State Academic Senate and the Board of Governors; AND</li> <li>C. Possession of a Master's Degree in Physics, Astronomy, Geology or Chemistry plus a minimum of nine units of upper division or graduate coursework in a second Physical Science discipline; AND</li> <li>D. Minimum of two semesters' part-time teaching experience in a Physical Science discipline at an accredited post-secondary institution within the previous two years.</li> </ul> |   |   |  |  |
| Form completed by: Sean Figg   | Date submitted: 4/28/20                 | 21  |  |  |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY              |  |  |  |
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| Approved D X Denied Denied Date of decision: 5/6/2021 |  |  |  |
| Reason for denial of request, if applicable:          |  |  |  |



Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA. At minimum, an FSA must include the minimum qualifications for the associated discipline. The list of established disciplines and corresponding minimum qualifications is available <u>here</u>. Please remember the first item has to be the state guidelines and cannot be altered. Submit the form to the Faculty Service Areas Committee Chair, Ben Mudgett, when complete via email to bmudgett@palomar.edu.

| Department: Behavioral Sciences  |  |  |  |  |
|--|--|--|--|--|
| Faculty Service Area: Religious Studies  |  |  |  |  |
| No changes to FSA necessary □ Changes to FSA requested □ New FSA requested X   |  |  |  |  |
| <b>Current FSA:</b> Enter current FSA languag FSAs are located <u>here</u> .   | e for the discipline. You may reference  | current FSAs <u>here</u> . Archived 2017 |  |  |
| Changes to FSA or New FSA: For an exercise of the new FSA between the competencies for the new FSA between |  |  |  |  |
| A. Possession of the minimum qualificati<br>the Board of Governors; AND  | on in Religious Studies as determined l  | by the State Academic Senate and         |  |  |
| B. Minimum of two semesters part-time e<br>courses or their equivalent: World Religio<br>American Political Institutions at an accre   | ons; Religion in America; Religion in An                                       |  |  |  |
| C. Competence in the history of religions<br>the United States. Competence can be d<br>corresponding graduate school transcript  | emonstrated by the passing of correspo   | onding graduate school exams, by         |  |  |
| D. Evidence of consistently strong studen<br>Studies discipline at and beyond its pres<br>of Religious Studies over the previous th<br>Religious Studies include curriculum deve   | ent level; and demonstrating preferred<br>ree years. Some examples of non-teac | non-teaching activities in the field     |  |  |
| Form completed by: Craig For   | rney   | Date submitted: 03/17/2021               |  |  |
|  |  |  |  |  |
| FACULTY  | Y SERVICE AREAS COMMITTEE USE  | ONLY                                     |  |  |
| Approved TY  | Doniod 🗆   | Date of decision: 4/6/2021               |  |  |

 Approved □X
 Denied □
 Date of decision: 4/6/2021

 Reason for denial of request, if applicable:



| Department: Trade and Industry   |                             |                         |                                     |
|--|-----------------------------|-------------------------|-------------------------------------|
| Faculty Service Area: Welding Tec  | hnology                     |                         |                                     |
| No changes to FSA necessary $\ \square$  | Changes to FSA              | requested 🗆             | New FSA requested X                 |
| <b>Current FSA:</b> Enter current FSA lang FSAs are located <u>here</u> .  | uage for the discipline. Yo | ou may reference curren | nt FSAs <u>here</u> . Archived 2017 |
| None   |                             |                         |                                     |
|  |                             |                         |                                     |
| Changes to FSA or New FSA: For a enter the competencies for the new FS   |                             |                         | ies below. For a <i>new</i> FSA,    |
| Department: Trade and Industry<br>Discipline: Welding Technology (WELD)  |                             |                         |                                     |
| A. Possession of the minimum qualifications in Welding Technology as determined by the State<br>Academic Senate and the Board of Governors |                             |                         |                                     |
|  |                             |                         |                                     |
|  |                             |                         |                                     |
| Form completed by: Anth  | ony Fedon                   | Date submitted:         | 3-18-21                             |
|  |                             |                         |                                     |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY     |  |  |  |  |
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| Approved Date of decision: 4/6/2021          |  |  |  |  |
| Reason for denial of request, if applicable: |  |  |  |  |
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| Department: Administration of Justice  |                 |                          |  |  |
|--|-----------------|--------------------------|--|--|
| Faculty Service Area: Administration of Justice  |                 |                          |  |  |
| No changes to FSA necessary  Changes to FSA requested  New FSA requested  X  |                 |                          |  |  |
| Current FSA: Enter current FSA language for the discipline. Start <u>here</u> . If you don't find it listed, then try <u>here</u> . If it isn't there either, then go to the next box and create a new FSA.  |                 |                          |  |  |
| Changes to FSA or New FSA: For an exercise of the new FSA between the competencies for the new FSA between |                 |                          |  |  |
| A. Possession of the minimum qualifications in Administration of Justice as determined by the State Academic Senate and the Board of Governors.  |                 |                          |  |  |
| Submitted by the FSA Chair on behalf of the  | he discipline D | ate submitted: 4/27/2021 |  |  |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY        |  |  |  |  |
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| Approved ☑ Denied □ Date of decision: 5/25/2021 |  |  |  |  |
| Reason for denial of request, if applicable:    |  |  |  |  |
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| Department: Trade and Industry   |                      |            |                     |  |
|--|----------------------|------------|---------------------|--|
| Faculty Service Area: Cabinet Making   |                      |            |                     |  |
| No changes to FSA necessary $\ \square$  | Changes to FSA reque | ested □    | New FSA requested X |  |
| <b>Current FSA:</b> Enter current FSA language for the discipline. You may reference current FSAs <u>here</u> . Archived 2017 FSAs are located <u>here</u> . None  |                      |            |                     |  |
| <ul> <li>Changes to FSA or New FSA: For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed.</li> <li>A. Possession of the minimum qualifications in Cabinet Making as determined by the State Academic Senate and the Board of Governors.</li> </ul> |                      |            |                     |  |
| Form completed by: Anthony   | Fedon Date           | submitted: | 05//19/2021         |  |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY     |          |                              |  |  |
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| Approved 🗹                                   | Denied 🗆 | Date of decision: 05/25/2021 |  |  |
| Reason for denial of request, if applicable: |          |                              |  |  |
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| Department: Trade and Industry  |                |                 |                     |  |
|---|----------------|-----------------|---------------------|--|
| Faculty Service Area: Furniture Making  |                |                 |                     |  |
| No changes to FSA necessary 🛛   | Changes to FSA | requested 🛛     | New FSA requested X |  |
| <b>Current FSA:</b> Enter current FSA language for the discipline. You may reference current FSAs <u>here</u> . Archived 2017 FSAs are located <u>here</u> . None   |                |                 |                     |  |
| <b>Changes to FSA or New FSA:</b> For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed. |                |                 |                     |  |
| A. Possession of the minimum qualifications in Furniture Making as determined by the State Academic Senate and the Board of Governors.  |                |                 |                     |  |
| Form completed by: Anthony  | Fedon          | Date submitted: | 05/19/2021          |  |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY     |          |                              |  |  |
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| Approved 🗹                                   | Denied 🗆 | Date of decision: 05/25/2021 |  |  |
| Reason for denial of request, if applicable: |          |                              |  |  |
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| Department: Machine Technology  |                                      |  |  |
|---|--------------------------------------|--|--|
| Faculty Service Area: Machine Technology  |                                      |  |  |
| No changes to FSA necessary $\ \square$   | Changes to FSA requested $\ \square$ | New FSA requested $\ \Box old X$                   |  |
| <b>Current FSA:</b> Enter current FSA language there either, then go to the next box and cr   |                                      | find it listed, then try <u>here</u> . If it isn't |  |
| <b>Changes to FSA or New FSA:</b> For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed. |                                      |  |  |
| A. Possession of the minimum qualifications in Machine Technology as determined by the State Academic Senate and the Board of Governors. AND  |                                      |  |  |
| B. A minimum of two semesters part-time teaching experience in Machine Technology or a related discipline OR  |                                      |  |  |
| C. Course work in Machining Technology or the equivalent completed within the last three years  |                                      |  |  |
| Form completed by: Michael Wright   | Date subr                            | nitted: 05/17/2021                                 |  |
|   |                                      |  |  |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY     |          |                              |  |
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| Approved 🗹                                   | Denied 🗆 | Date of decision: 05/25/2021 |  |
| Reason for denial of request, if applicable: |          |                              |  |