



								Yes	No
_____ = Total number of FT equivalent years									

{Note to candidate: Please list any relevant certifications you will be using to qualify for equivalency.}

Certification Name	Issuing Organization	Discipline / Area of Practice	Date Issued	Expiration Date (if applicable)	For Discipline expert: related? Y/N	
					Yes	No

{Note to candidate: If you'd like, you can add any other information here about your education and/or experience that you would like the committee to know about, but it's not required.}

Thank you for considering my request for equivalency. Please contact me should you need any additional information or clarification.

Respectfully,  
 Name  
 Email Address  
 Phone Number

**For Department Chair (and Discipline Expert if applicable)**

I have reviewed the candidate's application for equivalency and confirm that the professional/occupational experience identified by the applicant represents at least ten years of related full-time or full-time- equivalent professional/ discipline-related experience, which is relevant to the minimum qualifications for this discipline.

Comments (optional) or can also attach a separate letter of support:			
Name of Department Chair:		Date:	
Signature:			
Name of Discipline Expert (if applicable):		Date:	
Signature:			