**INITIAL: LEVEL 3 – Applicant’s Checklist Cover Sheet**

**Learning Center Leadership Certification**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | **Title** |  | | |
| **Institution** |  | | | | | | |
| **Address** |  | | | | | | |
| **City** |  | **State** |  | | | **Zip** |  |
| **Phone** |  | **Fax** |  | | | **E-mail** |  |
| Please provide contact information for other individual(s) who should receive notification upon awarding of certification.  If there are more than two, please provide information on an additional sheet. | | | | | | | |
| **Name** |  | | | **Title** |  | | |
| **E-mail** |  | | | | | | |
| **Name** |  | | | **Title** |  | | |
| **E-mail** |  | | | | | | |

**This sheet is the cover sheet checklist you will need to complete for your application for LEVEL 3 Learning Center Leadership Certification. Please provide a brief description of the information you are including to support the criteria listed below. Use the Appendix labels listed below as you assemble your application packet to provide reviewers with quick reference to your supporting documentation.**

|  |  |  |
| --- | --- | --- |
| **Level 3 Base Criteria (you must meet all of these)** | **Description of**  **Supporting Documentation** | **Appendix** |
| **Completion of a Master’s Degree** (supported by transcripts). Official transcripts are required (photocopies acceptable). Grade reports are unacceptable. |  | **A** |
| **Work experience**: 6-10 years’ work experience in post-secondary (higher) education learning assistance. Please refer to the application instructions to see if you qualify.  Documentation must be:   * 2 letters of recommendation, or * 2 separate performance appraisals, or * One letter and one performance appraisal. * Letters and appraisals must include sufficient documentation to prove total years of experience.   **Letters must be signed and on letterhead (**photocopies accepted). |  | **B** |
| **Development of a personalized learning assistance position statement.**  Criteria for position statement:   * 500 words, double-spaced * Address your beliefs about learning assistance at your institution and/or the field at large. * Cite any research you discuss. |  | **C** |
| **Development of a professional development plan for yourself and your staff (if you supervise any staff).**  Professional development plan criteria:   * 500 words, double-spaced * Address what you want to accomplish in the learning assistance field and your plan for accomplishing your goals. * Be sure to include a plan for your staff, if applicable. * Avenues for professional development:   + Your institution, your region/state, the Web, NCLCA, other professional organizations and/or the field at large. |  | **D** |

|  |  |  |
| --- | --- | --- |
| **Level 3 Base Criteria, cont. (you must meet all of these)** | **Description of**  **Supporting Documentation** | **Appendix** |
|  |  |  |
| **Service to the profession in the last 5 years through ONE of the following:**  **1. Presentations:**  Giving 4 or more learning assistance conference presentations at the local (no more than 1 at the local level), regional and/or national levels. Two of these presentations must indicate you as the primary presenter.  Documentation required:   * Copy of presentation/handouts or listing of topic (as listed in the program) * Copy of the front page of the program AND the page in the program where your presentation appears. Screenshots from conference website or digital guidebook are acceptable.   **2. Service to the profession through NCLCA Executive Board, NCLCA affiliate board, CLADEA sister organization executive board, or other related position of leadership.**   * Documentation required: screenshot from website with your name listed on the board or letter from board president |  | **E** |
| Copy of your current resume/curriculum vitae. |  | **F** |

|  |  |  |
| --- | --- | --- |
| **Level 3 Choice Criteria (choose two of these; some must be within last five years)** | **Description of Supporting Documentation** | **Appendix** |
| Demonstrate understanding of the fundamentals of learning assistance through completing two or more of the following. Please pay close attention to time frame.  NOTE: If you are already certified at Level 2, you may not use the same experiences to attain Level 3 certification. New experiences/qualifications must be documented. | *Pick 2 of the 4 options below to rate.*  *Place N/A if not applicable for the area not to be evaluated. Label your first area of qualification as G and your second area as H* | |
| **Progress towards terminal degree**, documented by academic transcripts.   * Time frame: within the last five years   **OR**  **Completion of a terminal degree**   * Time frame: none |  | **G or H** |
| **Publication of an article, book chapter, or book related to learning assistance.** Article must be published in a professional association’s journal, website publication, or newsletter.   * Time frame: within the last five years * Documentation required: include a copy of the article and citation; include copy of book chapter; include first chapter of book. |  | **G or H** |
| **High-level presentation**: Lead presenter at an NCLCA or other learning assistance professional organization’s national conference as a Pre/Post-Con, Featured Speaker, or Institute Mentor (note: this does not include a concurrent or poster session.) Webinar presenter: you must be the solo presenter for a learning assistance professional organization’s national audience.   * Time frame: within the last five years * Documentation required: include a copy of your presentation and a copy of the program or announcement (screenshot for digital program or announcement is acceptable). |  | **G or H** |
| **Report writing**: demonstrated report writing and conducting of learning assistance research/evaluation for institutional use or at higher levels. You should be listed as the primary author.   * Time frame: within the last five years * Documentation required: include a copy of a report. |  | **G or H** |
| **Any Additional Comments by Applicant:** | | |

**Please respond to the following questions:**

1. I am a current NCLCA member in good standing \_\_ Yes \_\_ No
2. The invoice # is \_\_\_\_\_\_\_ and was paid via \_\_\_ Check, \_\_\_ PayPal, \_\_\_ Online Store.
3. For informational purposes, I authorize NCLCA to publish (in electronic and print formats) my name, level of certification, and other pertinent data related to NCLCA certification.

Signature Date

Revised 2/1/8/2021 by J. Haley