

CHAPTER ADVISOR APPROVAL REQUEST

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NOTE

Please do **not** give these pages out to submit a Request. Use them to make as many copies as needed for Requests by Advisors.

Tab 3-E cover sheet

ARIZONA ARCHAEOLOGICAL SOCIETY
DEPARTMENT OF CERTIFICATION

SECTION 3-E
PROCEDURE FOR PROCESSING CHAPTER ADVISOR APPROVAL REQUEST

A. APPLICANT PROCEDURE

1. Obtain the Approval Request form from the Chapter's Certification Department Representative.
2. Complete the form using the instruction sheet provided. Attach a check or money order for \$6.00 for the Approval Request processing fee. Frequently, the Chapter chooses to pay the \$6.00 fee for the Advisor. Deliver the Approval Request, including all supporting documents, to the Chapter Representative for forwarding to the Department, or mail the Approval Request and supporting documents directly to the Review Committee Chairperson (name and address will be available from the Chapter Representative).
3. The applicant will be notified upon receipt of the Approval Request by the Department. If an initial review discloses inadequate or insufficient information in the Approval Request or supporting documentation, additional information may be requested.

B. REVIEW COMMITTEE PROCEDURES

1. The Approval Request and supporting documents will be reproduced and sent to each member of the Review Committee.
2. The Review Committee will meet during or prior to each regularly scheduled meeting of the Department to discuss each pending Approval
3. During that portion of the Department meeting specified in the meeting agenda for discussion of Approval Requests, the membership will take action on each Approval Request, following a presentation and discussion of the findings, conclusions, and recommendations of the Review Committee. The applicant may attend the Department meeting at which his or her Approval Request will be reviewed.
4. The Review Committee Chair will, within two weeks following the meeting, notify the applicant of the decision made on his or her Approval Request. If an Approval Request is denied, the notification shall include the basis for denial. A copy of the notification is sent to the Department Recorder to be filed.
5. When an Approval Request is accepted, the applicant is considered an Advisor to the Chapter. Approval Request files for Approved Chapter Advisors are sent to the Recorder for records retention and recording on the Certification Database.
6. For a denied Approval Request, the applicant may file a written appeal for reevaluation of the Request. The Appeal must be submitted to the Chapter Representative within 30 days following receipt of notification of denial. When an appeal is filed, the applicant is encouraged to provide additional information or supporting documents to address any deficiency identified in the basis for denial. At the next Department meeting, the appeal will be reviewed. Any additional information or supporting documents provided as part of the appeal will be considered in reaching a decision. The applicant may attend the Department meeting at which his or her appeal will be reviewed.

REVIEW COMMITTEE PROCEDURES (continued)

7. The Department will, within two weeks following the meeting, notify the applicant of the decision made on the appealed Approval Request. If the Approval Request is accepted following appeal, the applicant is considered an Advisor to the Chapter, and the Approval Request will be sent to the Recorder for retention and entry into the Certification Database. If the Approval Request is denied following appeal, the Department Chair shall notify both the applicant and the AAS State Chair of the decision. This notification shall include a detailed basis for denial.
8. For an appeal denied by the Department, a written appeal may be filed to the AAS State Chair requesting re-evaluation by the AAS State Board. The appeal shall be made within 30 days following receipt of notification of denial of appealed Approval Request from the Department Secretary. The AAS State Board will review the denial of the appealed Approval Request at a future AAS State Board meeting and render a decision on the Approval Request. The applicant may attend the AAS State Board meeting at which his or her denied Approval Request will be reviewed. If an appeal is directed to the AAS State Board, the decision by the Board is final.

Applicants are invited to contact the Chapter Representative regarding the completion of the Approval Request and the processing procedures. A timely response to any inquiries about the Approval Request will allow for expeditious processing.

INSTRUCTION FOR CHAPTER ADVISOR APPROVAL REQUEST

1. Read the entire Approval Request form before starting to complete it.
2. Assemble the necessary documents requested in the Approval Request, for example, vitae, résumé, and letters of reference, to attach to the completed Approval Request.
3. Refer to the instruction sheet entitled "Procedures for Processing Chapter Advisor Approval Requests" and observe the instructions in TAB 3-E, Page 1, Paragraph A.2. for submitting the Approval Request.
4. The Approval Request must be received by the Department's Review Committee at least four weeks prior to the scheduled date of the meeting at which the Approval Request is to be considered. If less time is allowed, consideration of the Approval Request may be delayed until the next regularly scheduled meeting which will result in an approximately two month delay.
5. Personal Supporting Documents: Please provide only copies of supporting documents with your Approval Request. **PLEASE DO NOT SEND ANY ORIGINAL DOCUMENTS**. Retain a copy of the Approval Request for record purposes.
6. Include, with the Approval Request, any information that will aid the Review Committee in its evaluation.
7. Be sure to provide specific qualifications for functioning as an Advisor to the Chapter.
8. The Approval Request may not be immediately processed and follow-up contact (or return of the Approval Request) may be required if:
 - a. The processing fee is not enclosed with the Approval Request.
 - b. The form is not properly completed.
 - c. There is insufficient supportive documentation.
 - d. Any of the items of supportive data are inadequate.
9. A returned Approval Request will result in at least a two-month delay before the it can again be considered by the Review Committee and the Department of Certification.
10. The applicant may attend the Department meeting at which his or her Approval Request is to be reviewed. Information regarding the Department meeting dates and agenda may be obtained from the Chapter Representative or Department Chair.

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Department of Certification
CHAPTER ADVISOR APPROVAL REQUEST

FOR USE BY CERTIFICATION
 COMMITTEE ONLY
 Approval Request
 Received

A. GENERAL INFORMATION

Name _____
 Signature _____
 Date Signed _____
 Address _____
 City _____ State _____ ZIP _____
 Telephone Home _____
 Office _____
 E-mail _____

By _____
 Date Received _____
 Fee Included \$ _____
 Committee Recommends

 _____ Date _____
 Department Decision

 _____ Date _____
 Signed By _____
 Date Informed _____
 Signature _____

PLEASE PROVIDE COMPLETE INFORMATION FOR ALL QUESTIONS. INDICATE "NA" (NOT APPLICABLE) WHERE APPROPRIATE. ATTACH ADDITIONAL INFORMATION SHEETS AS NEEDED.

B. ACTION SOUGHT - CHAPTER ADVISOR APPROVAL

1. General Information
 The AAS Chapter you will be advising _____

2. Please list three references. Letters from your references are optional but may be submitted to the Chapter Representative or the Review Committee Chairperson.

NAME OF REFERENCE	TITLE	ADDRESS	DATE OF FIRST ASSOCIATION
1 st _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
2 nd _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
3 rd _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. QUALIFICATIONS TO SUPPORT YOUR CHAPTER ADVISOR APPROVAL REQUEST

1. Explain your reason and purpose for requesting Chapter Advisor Approval.

2. Professional information applicable to your request.

a. Are you making this request for yourself Yes No

b. Present Job Title _____

c. Former Job Title, if present Job held less than two years.

d. Present Affiliation

e. Education

• School _____ Location _____

• Degree _____ Date _____

• School _____ Location _____

• Degree _____ Date _____

f. Major Specialization _____ For _____ Degree.

g. Minor Specialization _____ For _____ Degree.

h. Employment Record for past five years, if applicable to this request.

• Affiliation _____ Location _____

• Position _____ Dates _____ to _____

• Affiliation _____ Location _____

• Position _____ Dates _____ to _____

i. Professional Organizational Affiliations _____

j. Professional Honors, Grants, Awards. Please provide supporting documentation.



3. Previous Experience. Have you served in a similar capacity on a previous occasion? If so, please document this experience.

a. Organization _____ Location _____

b. Description of Applicable Experience _____

D. ADDITIONAL INFORMATION IN SUPPORT OF CHAPTER ADVISOR REQUEST

Provide detail of lectureships or courses taught which are applicable to Chapter Advisor activities and responsibilities. Each entry should state the kind of experience, place and date, the nature of it, whether volunteer or paid, etc.

1. Lecture Experience

1st Course Title _____ Credit Hours _____

Check all applicable, Instructor, Paid, Student,
 Volunteer, Other _____

Estimate days _____ or hours _____ of classroom work.

Course Description _____

2nd Course Title _____ Credit Hours _____

Check all applicable, Instructor, Paid, Student,
 Volunteer, Other _____

Estimate days _____ or hours _____ of classroom work.

Course Description _____

3rd Course Title _____ Credit Hours _____

Check all applicable, Instructor, Paid, Student,
 Volunteer, Other _____

Estimate days _____ or hours _____ of classroom work.

Course Description _____



ADDITIONAL INFORMATION IN SUPPORT (continued)

2. Field Experience:

1st Project Name _____ Location _____
Institution/Sponsor _____
Supervisor _____ Assistant _____
Project Dates, Start _____ Finish _____
Estimated Days _____ or Hours _____ of field experience.
Your status on the project _____
Description of experience and/or training _____

2nd Project Name _____ Location _____
Institution/Sponsor _____
Supervisor _____ Assistant _____
Project Dates, Start _____ Finish _____
Estimated Days _____ or Hours _____ of field experience.
Your status on the project _____
Description of experience and/or training _____

3rd Project Name _____ Location _____
Institution/Sponsor _____
Supervisor _____ Assistant _____
Project Dates, Start _____ Finish _____
Estimated Days _____ or Hours _____ of field experience.
Your status on the project _____
Description of experience and/or training _____

E. MATTERS RELATING TO THE PROPOSED CHAPTER ADVISOR ACTIVITIES:

As may be pertinent, briefly discuss the facilities and opportunities available to the Chapter Advisor, and to the Chapter, for which this approval is requested. Include mention of such matters as field opportunities planned or potentially available to the Chapter (site(s) to be excavated, area(s) for survey, etc.), laboratory space and equipment, catalog facilities, repository for housing collections, and permits issued or requested.

F. DOCUMENTATION - ITEM SUBMITTED IN SUPPORT OF THIS APPLICATION

DO NOT SEND ORIGINAL DOCUMENTS.

List all of the documents submitted, in copy form, for consideration by the Review Committee in support of this application, such as vita, transcript, lecture syllabus, letters of verification and/or reference, published and/or unpublished reports, reviews, etc.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

8.

Continue listing as needed on separate pages.

