

**Division of Continuing Studies  
Instructor Appointment Checklist**

\_\_\_\_\_  
Course Name

\_\_\_\_\_  
Instructor Name

**COURSE**

**INSTRUCTOR**

New Course

Previously taught course

Existing Course

Previously taught for DCS

Current CV on file  
(within two years)

**COURSE DELIVERY/FORMAT**

**INSTRUCTOR HAS:**

100% Online

Commercial General Liability Insurance

Yes  No

Face-to-Face

WorkSafe BC coverage

Yes  No

Blended

\_\_\_\_\_  
Program Coordinator

\_\_\_\_\_  
Date