Requirements/Best Practices for Instructor Virtual Course Monitoring

- Training Faculty/Training Center Coordinator (TF/TCC) must be able to see and hear throughout the class.
- There must be a designated person responsible for video and audio equipment throughout the class.
- Contact information for the person responsible for video and audio equipment must be provided to the TF/TCC before the class to make any adjustments needed to see or hear the class.
- A test must be conducted with the TF/TCC 30 to 60 minutes before class to ensure video and audio quality.
- If more than one room is being used, there must be video and audio equipment in each room.
- A feedback device that meets video and audio requirements must be used during the skills session.
- All students in the class must consent to be on video before the class starts.
- A loss of internet connection, video, or audio may require rescheduling the monitoring.

Checklist for Instructor Virtual Course Monitoring

1. What browser will be used? ______________________________
2. Is your internet connection a secured site? _________________
3. How will you obtain students’ consent to be videotaped? _________________
4. How many rooms will be used? ___________________________
5. Is all required equipment available and in working order? _______________________
6. How many cameras will be provided? ______________________
7. What is your plan for addressing unforeseen issues during class? _______________________
8. Aside from the instructor, how many people will be dedicated to help with questions or issues during class? ______________
9. Please provide a phone number or email address that will be closely monitored during class:
   Phone number (area code + number): ______________________ Email address: ____________________________________

I have discussed the above with the Training Faculty/Training Center Coordinator and answered the questions to the best of my ability for my facility and course.

Training Faculty/Training Center Coordinator:

Signature: ______________________________
Title: ______________________________
Date: ______________________________

Instructor:

Signature: ______________________________
Date: ______________________________