This form documents the credentials for clinical associates and other non-faculty instructional staff who support instruction of courses at Florida SouthWestern State College. The completed form, along with supporting documents, should be sent to the Office of the Provost along with the Personnel Action Form. Official transcripts from all institutions used to qualify clinical associates, research assistants and other non-instructional staff must be received in the Office of Human Resources within thirty days of the hire date.

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| **Last Name** | **First Name** | **Eight digit Banner ID** |
|  |  | @ |
| **Discipline** |  | Returning instructor |

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| --- | --- |
| **School or Division** | **Campus, Center, or Off Site** |
| Choose an item. | Choose an item. |

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| **Instructor Type** | **Instructional Location (if off site)** |
| Choose an item. |  |

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| **Education**  List **only** the degree(s) used to determine qualification. | | | |
| **Institution** | **Degree Earned** | **Major/Subject** | **Degree conferred date**  **(XX/XX/XXXX)** |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |

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| **List Additional Qualification Criteria**  (Licenses, certifications, and other professional qualifications) | |
| **License, Certification, or Professional qualification** | **Expiration Date (if applicable)** |
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**Signatures**

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| --- | --- |
| **Chair, Director, or Coordinator** (if applicable; sign below and date)  Type Name Here | **Date** |
|  |  |
| **Associate Dean** (if applicable; sign below and date)  Type Name Here | **Date** |
|  |  |
| **Dean** (sign below and date)  Type Name Here | **Date** |
|  |  |
| **Provost** (sign below and date)  Dr. Eileen DeLuca | **Date** |
|  |  |

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| **Entered in Banner by: D’ariel Barnard** | **Date** |
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