This form documents the credentials for clinical associates and other non-faculty instructional staff who support instruction of courses at Florida SouthWestern State College. Official transcripts from all institutions used to qualify non-instructional staff must be received in the Office of Human Resources within thirty days of hire date. The completed form and supporting documents must be shared with the Office of Accountability and Effectiveness for reporting purposes.

|  |  |  |
| --- | --- | --- |
| **Last Name** (include previous name) | **First Name** | **Eight-Digit Banner ID** |
|  |  | @ |

|  |  |  |
| --- | --- | --- |
| **Discipline** | **Instructor Type** | **IQF Type** |
|  | Choose an item. | Choose an item. |

|  |  |  |
| --- | --- | --- |
| **School** | **Campus, Center, or Off Campus** | **Instructional Location (if Off Campus)** |
| Health Professions | Choose an item. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education –** List **only** the degrees conferred and used to determine qualifications. Useful resources:  <https://www.ed.gov/accreditation>, <https://www.chea.org/>, <https://www.naces.org/members> | | | | |
| **Institution** | **Accrediting Agency or NACES Evaluator** | **Degree Earned** | **Major** | **Degree Conferred Date**  **(MM/DD/YYYY)** |
|  | Choose an item. | Choose an item. |  |  |
|  | Choose an item. | Choose an item. |  |  |

|  |
| --- |
| **List Supplemental Qualification Criteria** (complete only if applicable and include documentation with IQF if required) (Work Experience, Licenses, Certifications, etc.) |
|  |
|  |

**Signatures**

|  |  |
| --- | --- |
| **Director, Chair, or Coordinator** (sign and date)  Type Name Here | **Date** |
|  |  |
| **Academic Dean** (sign and date)  Type Name Here | **Date** |
|  |  |