This form documents that a faculty member’s credentials meet SACSCOC and Florida SouthWestern State College qualifications for teaching and must be completed for all faculty. The complete form, along with all supporting documents, including relevant page(s) from the Credentialing Guidelines, must be sent to the Office of Accountability and Effectiveness for review; it will then be sent to the Office of the Vice President of Academic Affairs for approval. Faculty members may only be assigned to a course following VPAA approval.

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| **Last Name** (include previous name) | **First Name** | **Eight-digit Banner ID** |
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| **Select FQF Type** | Choose an item. |

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

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| **Full-Time Faculty**  | **Adjunct Faculty** | **Dual Enrollment Faculty** |
| Choose an item.  | Choose an item. | Choose an item. |

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| **Credential Status –** Choose only one. For alternative qualifications credential status, use separate Alternative Qualification form |
|[ ]  Qualified to teach college-level courses |
|[ ]  Qualified for college preparatory or technical, non-transfer courses |

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| **Education – Degree(s) Conferred:** List **only** the degrees used to determine faculty qualificationUseful resources:<https://www.ed.gov/accreditation>, <https://www.chea.org/>, <https://www.naces.org/members> |
| **Institution** | **Accrediting Agency (or NACES Evaluator)** | **Degree Earned** | **Major***As Listed on Transcript* | **Degree Conferred Date (xx/xx/xxxx)** |
|  | Choose an item. | Choose an item. |  |  |
|  | Choose an item. | Choose an item. |  |  |
|  | Choose an item. | Choose an item. |  |  |

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| **Education – Graduate Semester Hours:** If applicable, list GSH used to determine faculty qualification |
| **Institution** | **Accrediting Agency (or NACES Evaluator)** | **Discipline** | **Number of GSH** |
|  | Choose an item |  |  |
|  | Choose an item |  |  |

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| **List Supplemental Qualification Criteria** (complete only if applicable and include documentation with FQF if required) (Work experience, licenses, SLS instructor modules, teaching experience, etc.)  |
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| **Credentialed to Teach** |
| **Course Prefix** | **Course numbers or list “All”** | **Exceptions** |
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**Signatures**

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| **Program Director, Chair, or Coordinator** (sign and date)Type Name Here | **Date** |
|  |  |
| **Academic Dean** (sign and date)Type Name Here  | **Date** |
|  |  |
| **VPAA** (sign and date)Dr. Judith Bilsky | **Date** |
|  |  |
| **Entered into Banner By** (sign and date)Jessica Godwin | **Date** |
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