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| **Eight-digit Banner ID Entered by Human Resources** | **@** |

This form documents that a faculty member’s alternative credentials meet SACSCOC and Florida SouthWestern State College qualifications for teaching. FSW considers competence, effectiveness, and capacity, including, as appropriate, undergraduate and graduate degrees, scholarly publications, related work experiences in the field, professional licensure and certifications, honors and awards, continuous documented excellence in teaching, or other demonstrated competencies and achievements that contribute to effective teaching and student learning outcomes.

The completed form approved by the Dean, along with all supporting documents, should 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. **Supporting documents should include all of the following**:

* **Relevant page(s) from the Credentialing Guidelines**
* **Syllabi Outcomes Crosswalk Form**
* **Summary Statement Memo Letter**
* **Any accompanying documentation for the credentials listed on this Alternative Credentialing form** (i.e. transcript, copy of license or award, abstract or excerpt of listed scholarly publications, human resource or recommendation letter verifying listed dates of employment, etc.)

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| **Last Name** (include previous name) | **First Name** | **Alternative 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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| **Credentialed to Teach** |
| **Course Prefix** | **Course numbers or list “All”** | **Exceptions** |
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| **Education – Degree(s) Conferred:** List **any relevant** 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. |  |  |

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| **Education – Graduate Semester Hours:** If applicable, list GSH used to determine faculty qualification. Highlight GSH on the transcript accordingly. If more than one discipline is listed, use separate highlighting colors to distinguish disciplines or provide a separate list of the specific GSH credits. |
| **Institution** | **Accrediting Agency (or NACES Evaluator)** | **Discipline** | **Number of GSH** |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |

**Include information in all** ***relevant* areas below (each listing requires attaching evidence).**

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| **Scholarly Publications –** listmost recent relevant scholarly publications here (evidence example: copy of the publication) |
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| **Work Experience –** list most recent relevant work experience in the field |
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| **Licensure & Certifications –** Include any relevant professional licenses and/or certifications. Include applicable active and/or expiration dates |
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| **Honors & Awards –** list most recent relevant honors and/or awards  |
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| **Teaching –** list most recent relevant credentials of *continuous excellence* in teaching  |
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| **Performances/Conference Presentations –** list most recent relevant credentials of a conference presentation or a performance |
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| **Additional Alternative Credentials –** If applicable, include any other relevant demonstrated competencies and achievements that contribute to effective teaching and student learning outcomes |
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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** |
|  |  |
| Reviewed by Office of Accountability & Effectiveness (sign and date)Jessica Godwin | **Date** |
|  |  |
| **VPAA** (sign and date)Dr. Judith Bilsky | **Date** |
|  |  |
| **Banner ID Added by HR Personnel** (Add ID at top of form; sign & date)Jessica Correa | **Date** |
|  |  |
| **Entered into Banner By** (sign and date)Jessica Godwin | **Date** |
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