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

The completed form and supporting documents must be sent to the Office of Accountability and Effectiveness for review. The FQF package will then be sent to the Office of the Provost for approval. Faculty members may only be assigned to a course or receive updated teaching status following Provost/VPAA approval.

**Supporting documents should include all of the following**:

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

# Section 1: Identifying Information

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

# Section 2: Faculty Status

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

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

# Section 3: Education

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Degree(s) Conferred:** List **only** the degrees used to determine faculty qualification or status.  Useful resources: [www.ed.gov/accreditation](https://www.ed.gov/accreditation), [www.chea.org/](https://www.chea.org/), [www.naces.org/members](https://www.naces.org/members) | | | | |
| **Institution** | **Accrediting Agency (or NACES Evaluator)** | **Degree Earned** | **Major**  *As Listed on Transcript* | **Degree Conferred Date (MM/DD/YYYY)** |
|  | Choose an item. | Choose an item. |  |  |
|  | Choose an item. | Choose an item. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Graduate Semester Hours:** If applicable, list GSH, in the appropriate discipline, used to determine faculty qualification or status. Highlight relevant GSH on the transcript, using different highlighting colors for each discipline listed. | | | |
| **Institution** | **Accrediting Agency (or NACES Evaluator)** | **Discipline** | **Number of GSH** |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |

# Section 4: Supplemental Qualification Criteria

**Include information in all** ***relevant* areas below (each listing requires documentation to be attached).**

|  |
| --- |
| **Scholarly Publications:** Listmost recent relevant scholarly publications. |
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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/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 (e.g., professional development internal to a college/university or conference attendance). |
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| --- |
| **Performances & Conference Presentations:** List most recent relevant credentials of performances and/or conference presentations. |
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|  |

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| --- |
| **Additional Alternative Credentials:** Include any other relevant demonstrated competencies and achievements that contribute to effective teaching and student learning outcomes |
|  |
|  |

# Section 5: Credentialing Information

Mark if ***no*** ***course credentialing updates are needed at this time***. If marked, then skip to **Section 6**.

|  |  |  |
| --- | --- | --- |
| **Credentialed to Teach** | | |
| **Course Prefix** | **Course numbers or list “All”** | **Exceptions** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Section 6: Review, Approval, and Data Entry

|  |  |
| --- | --- |
| **Program Director, Chair, or Coordinator:** By signing this FQF, you confirm that the information is correct and appropriate for the courses being taught.  Type Name Here | **Date** |
|  |  |
| **Academic Dean:** By signing this FQF, you confirm that the information is correct and approved for the courses being taught.  Type Name Here | **Date** |
|  |  |
| **Provost/Vice President of Academic Affairs**  Dr. Judith Bilsky | **Date** |
|  |  |
| **Entered into Banner**  Jessica Godwin | **Date** |
|  |  |