This form documents a faculty member’s credentials and/or teaching status, meeting college accreditation and Florida SouthWestern State College standards. The completed form and supporting documents, including relevant page(s) from the Credentialing Guidelines (if updating credentialed courses), 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.

# 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. |  |  |
|  | 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

|  |
| --- |
| **List qualifications and include documentation**, if required according to the Credentialing Guidelines. Examples: work experience, licenses, certifications, SLS or IDS training. |
|  |
|  |

# Section 5: Credentialing Information

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

|  |
| --- |
| Qualification Status (For faculty with alternative qualifications, use separate Alternative Qualification form) |
| Qualified to teach college-level courses. |
| Qualified for college preparatory or technical, non-transfer courses. |

|  |  |  |
| --- | --- | --- |
| 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** |
|  |  |