This form documents the credentials for clinical associates, research assistants, and other non-faculty instructional staff who support instruction of courses at Florida SouthWestern State College. The completed form and supporting documents must be shared with the Office of Accountability and Effectiveness for reporting purposes.

# Section 1: Identifying Information

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

# Section 2: Instructor Status

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

|  |  |  |
| --- | --- | --- |
| **School** | **Campus, Center, or Off Campus** | **Instructional Location (if off campus)** |
| School of Allied Health | Choose an item. |  |

# Section 3: Education

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| **Degree(s) Conferred:** List **only** the degrees used to determine instructor qualifications.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. |  |  |

# Section 4: Qualification Criteria

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| **List qualifications and include documentation**. Examples: licenses, certifications. |
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|  |

# Section 5: Review and Approval

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| --- | --- |
| **Director, Chair, or Coordinator**: By signing this IQF, 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** |
|  |  |