Faculty Certification of Credentials

This form documents that instructional faculty meet SACSCOC qualifications for teaching. This form must be completed for all full-time and part-time employees who are or will be listed as instructors of record. **Send this completed form, along with any supporting documentation, to the Director of Accreditation & Reporting.**

**Section 1: Employee Information**

Instructor’s Name**:**

College Location:

Program:

Academic Rank:

Check one: New Faculty Existing Faculty

Check all that apply: 12-Month  9-Month  Adjunct

**Section 2: Earned Degree Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Colleges & Universities Attended** | **Major** | **Minor** | **Semester Hours** | **Degree**  (BS, MA, etc.) | **Date Awarded** |
| **Undergraduate Degree** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Graduate Degree** |  |  |  |  |  |
|  |  |  |  |  |  |

**ORIGINAL** transcripts must be provided for ALL degrees

**Section 3: Eligibility**

| **Course Prefix of Teaching Discipline**  (ENGL, IMTV, VETT, etc.) | **Check ONE of the following:**  **Instructor qualified to teach…** | | **Check ONE of the following:**  **Qualification based on…** | |
| --- | --- | --- | --- | --- |
| **General Education or Transferable** | **Technical or Non-transferable** | **SACSCOC Degree Guidelines**  (AA-001:1.a-e) | **Additional Qualifications[[1]](#footnote-1)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section 4: Additional Qualifications**

Complete this section for all instructional faculty who are NOT degree qualified according to the SACSCOC Degree Guidelines documented in Section 3. Please check all Additional Qualifications that apply, and **explain each checked item** in the space provided. Supporting documents such as vitae, transcripts, copies of licenses and certifications, etc. should be attached with this form.

|  |  |  |
| --- | --- | --- |
| **🗹** | **Additional Qualifications** | **Justification Narrative** |
|  | Degree(s) from related discipline: |  |
|  | Professional licensure or certification: |
|  | Related work experience: |
|  | Special training: |
|  | Research and Publications: |
|  | Documented teaching excellence in discipline: |
|  | Honors, awards, or special recognition: |
|  | Other competencies or achievements: |

|  |  |  |  |
| --- | --- | --- | --- |
| Associate Provost Signature |  |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Director of Accreditation & Reporting Signature |  |  |  | Date |

1. If checked, complete Section 4: Additional Qualifications [↑](#footnote-ref-1)