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)