Florida A&M University
Division of Academic Affairs

FACULTY CREDENTIALS FORM
(FOLLOW DIRECTIONS EXACTLY AS STATED, PLEASE TYPE)
This form must be completed and submitted <u>before</u> hiring any individual to teach (either full time or part time) or before a current faculty member begins to teach an area he/she did not previously teach

Faculty Name	
College/School/Department	
Discipline/Field Teaching In	

A. Degree in Discipline: *(please be specific and do not abbreviate)*

Faculty's Terminal Degree	
Degree Major/Discipline	
Name of Institution Awarded Degree	
Date Degree Awarded	

Faculty's Master's Degree	
Degree Major/Discipline	
Name of Institution Awarded Degree	
Date Degree Awarded	

B. List the areas the faculty member is credentialed to teach in your College/School and credential justification. If other justification is needed, please complete section C.

Teaching Areas for which Qualified *(list teaching area and whether teaching at undergrad, grad or both levels)*	Relevant Degrees	Relevant graduate coursework IF TERMINAL DEGREE IS NOT IN TEACHING AREA *(If so, attach copy of transcript(s) with 18 grad hours highlighted)*	Other Justification? If yes, complete section C, *including written rationale*	
			Yes	**No**
Example: English, undergrad	*PhD, English Education*	*18 grad hours in English*	*X (see section C)*	
1.				
2.				
3.				
4.				

C. Other Qualifications

<u>*Written Rationale:*</u> *CLEARLY DESCRIBE THE RELATIONSHIP BETWEEN THE QUALIFICATIONS LISTED BELOW AND THE COURSE CONTENT AND/OR EXPECTED OUTCOMES OF THE COURSES ASSIGNED TO THE FACULTY MEMBER*

OTHER QUALIFICATIONS:	TYPE OF SUPPORTING DOCUMENTATION: *You **MUST** include copies of specified documentation with this form*
*I. Research/Publications **(include dates)*** **Example of Citation:** Last, First Name.(Year of Publication)."Title of Publication." *Publishing Journal*. Location of Publisher.	**i.e. Citation of publication** LIST CITATIONS and DATES: 1.
*II. Licensure/Certification **(include dates)***	**i.e. Copy of certificate/license** ***AND*** LIST CERTIFICATE/LICENSE NAMES and DATES: 1.
*III. Special Training/Professional Development Courses **(include dates)***	**i.e. Certificate of participation and/or completion; Proof of enrollment** ***AND*** LIST CERTIFICATE OF PARTICIPATIONS and DATES: 1.
*IV. Related Work Experience **(include dates)***	**i.e. Proof of work experience from former employer** ***AND*** LIST EMPLOYMENT TITLE, COMPANY, LOCATION, EMPLOYMENT DATES (month/year-month/year): 1.
V. Honors and Awards (include dates)	**i.e. Copy of awards or honor; program from awards ceremony listing name of faculty** ***AND*** LIST NAMES OF AWARDS/HONORS and DATES: 1.

By signing below, I attest to the fact that the faculty member is credentialed to teach in the above stated areas. These encompass the areas the faculty member is being hired to teach.

_____   _____

CHAIRPERSON SIGNATURE   **DATE**

_____   _____

DEAN SIGNATURE   **DATE**

_____   _____

PROVOST OR DESIGNEE SIGNATURE   **DATE**