

**Certification of Credentials for Instruction**  
*(Faculty member MUST meet SACSCOC guidelines)*

Faculty Name: \_\_\_\_\_  Full Time  Part Time

Area: \_\_\_\_\_ Date of Employment \_\_\_\_\_

Official Transcript on File:  yes  no

Certificate: \_\_\_\_\_ From: \_\_\_\_\_

Associate Degree: \_\_\_\_\_ From: \_\_\_\_\_

Bachelor's Degree: \_\_\_\_\_ From: \_\_\_\_\_

Master's Degree: \_\_\_\_\_ From: \_\_\_\_\_

Doctorate Degree: \_\_\_\_\_ From: \_\_\_\_\_

**List the Course Numbers, Name of Courses, and # of Hours for Teaching Area:**

<b>Course Number and Name</b>	<b># Hrs.</b>
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<b>Signature of Division Chair</b>	<b>Date</b>
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<b>Approval by VP of Instruction</b>	<b>Date</b>
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**RETURN COMPLETED FORM TO SACSCOC LIAISON**

**Completed form will be housed in the Office of Human Resources**