

Central Piedmont Community College
 Certification of Credentials and Qualifications for Faculty Appointment

The Southern Association of Colleges and Schools (SACS) has established **minimum qualifications** for instructional faculty. This form documents that instructional faculty meet these standards. In exceptional cases, outstanding professional experience and demonstrated contributions to the teaching discipline may be presented in lieu of academic preparations. Such cases must be justified on an individual basis.

This form must be completed for each instructor. Please type information & circle where appropriate.

Name of Instructor: _____ Division: _____

Course(s) the instructor will be teaching: _____ Part-time or Full-time

Please indicate the name of the institution and the discipline/major beside the appropriate degree.

Degree Awarded	Institution	Discipline/Major
Associate's Degree		
Bachelor's Degree		
Master's Degree		
18 Graduate Semester Hours		
Doctorate		
Other (Please specify)		

1. Does the College have on file the original transcript(s) needed for the course(s) taught? **Yes or No**
2. If teaching college transfer course(s), does the individual have a Master's degree in the discipline or a Master's degree with 18 graduate semester hours in the discipline? **Yes or No**
3. If teaching a course(s) in an AAS degree or diploma program, does the individual have a minimum of an Associate's degree in the discipline **Yes or No**
4. If teaching a course(s) in Adult Basic Education or English as a Second Language below the collegiate level, does the individual have a Bachelor's degree? **Yes or No**
5. If teaching a developmental course(s), does the individual have a Bachelor's degree in a discipline related to the teaching assignment? **Yes or No**
6. If teaching a physical activities curriculum credit course does the individual have an Associate's degree and appropriate certifications and/or experience? **Yes or No**
7. If the College is using evidence of competency as a credentialing alternative, is a teaching portfolio on file? **Yes or No**

Supervisor's Signature: _____ Date: _____

Reviewed By: _____ Date: _____

(Vice President for Learning's Office)

***Please Note: You will receive a signed copy for your records*