



# CENTRAL PIEDMONT COMMUNITY COLLEGE

## CREDENTIAL INFORMATION FACULTY & PROFESSIONAL STAFF

Employee Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

### Credential Information

Name of Institution: \_\_\_\_\_

Type of Degree Earned: \_\_\_\_\_

Year Degree Conferred: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Type of Degree Earned: \_\_\_\_\_

Year Degree Conferred: \_\_\_\_\_

### Additional Studies

Name of Institution: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

### Certifications

Name of Certification: \_\_\_\_\_

Name of Certification: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed

Please submit to Human Resources via one of the following:

**Fax to:** (704) 330-6066

**Mail to:** P.O. Box 35009  
Charlotte, NC 28235

**Interoffice:** Pitts Building/HR

FOR HR ADMINISTRATION ONLY:

\_\_\_\_ 011    \_\_\_\_ NAE    Entered on: \_\_\_\_\_ by \_\_\_\_\_