

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
BOARD OF GOVERNORS
SCP-2171.A**

Faculty Credentials Certification Form

Name: _____ Southern ID Number: _____

School/Program: _____ Update Req'd: Yes / No

Education and Certifications

Name/type degree, certification, or additional coursework	Granting Institution	Major/Minor or Course/Units	Additional Information

Portfolio Assessment Completed: Yes / No / N/A (If yes, attach committee notes if applicable)

Meets Minimum Qualifications: Yes / No (If no, list the professional development plan below):

Professional Development Courses/Plan:	Est. Completion Date:

Authorized Courses per SIP/SCP-2171

Discipline	List specific course numbers or ALL for all courses in a discipline

I have verified the above information to the best of my ability. The information has been explained to the employee and all required and official documents, transcripts, certifications, and/or portfolios are attached or otherwise received and filed by Human Resources.

Faculty Member Name Signature Date

Dean Name Signature Date

Human Resource Officer Rec'd Signature Date