

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

Name: \_\_\_\_\_ Southern ID Number: \_\_\_\_\_

School/Program: \_\_\_\_\_  
To be completed by School Dean

**Degrees Held (Press "tab" in last cell to add additional row in table):**

Degree Level	Date Official Transcript Received	Granting Institution	Major	Minor

**Courses for which this faculty member meets minimum requirements per SCP-2171:**

Course Dept/No	Courses Title	Qualifications/Justification (i.e. Degree level and major; graduate hours; license; certification; experiences*, etc. Provide specific explanation. Press "tab" in last cell to add additional row to table.)

**Professional Development:**

	___ Required
	___ Required
	___ Required

I have verified the above information to the best of my ability. In addition, I have explained to the employee that all official documents must be in the Human Resources Office prior to his/her first day of employment.

**SIGNATURES:**

\_\_\_\_\_  
School Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Academic Officer

\_\_\_\_\_  
Date

*\*Experiences should meet tested experience requirements for specific disciplines and programs.*

*\*\*Please add committee minutes as appropriate. (In the event a committee is needed to determine validity of tested experience used in place of all or part of earned credential.)*