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	I/A
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(If yes, attach committee notes if applicable)

Est. Completion Date:

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

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 Resources Office Rec'd	Signature	Date

SCP-2171.A, Faculty Credentials Certification Form (Revised 11/2021)