EMPL ID #:	



APPLICATION FOR CREDENTIALING

PLEASE READ INSTRUCTIONS CAREFULLY: The appropriate academic administrator is responsible for completing this document, in concert with the applicant, who assumes full responsibility for providing all necessary documentation and signatures.

Official transcripts and/or verification of work experience and any documentation required for faculty credentialing should be attached to this application. If this is not possible, please attach an explanation to indicate that the necessary documentation has been sent separately, or is already on file in the Human Resources Department based on prior employment.

Candidates requesting a credentials review must have official transcripts and/or original letters verifying work experience forwarded directly from their college, university or former employer to the appropriate Program Manager, Academic Director or Dean. Documents received from other sources will not be considered as original and will not be accepted.

TYPE OF INSTRUCTOR Indicate what type of instructor this candidate is being considered for at Florida State College at Jacksonville.											
Adjunct Instructor Adjunct Instructor – Continuing Education ONLY Adjunct Instructor – Contingent Worker Full-Time Faculty Adding New Credentialing Courses (Outside of current discipline) Adding/Amending Pay Rates to Current Instructor											
ONLINE APPLICATION Did this candidate complete an online application? Yes No* *Online application must be completed in order to start the hiring process											
Last Name		First Name			N	Middle Name		Maiden Name or Suffix			
ACADEMIC RECORD *Adjunct Instructor — Contingent Worker and Adjunct Instructor Continuing Education are excluded from completing this section.*											
University/College/School *MUST LIST ALL SCHOOLS*		Location City, State	Degree Completed? Y/N	Degree		Official Transcripts tached? (Y/N)	Major		Full Name on Transcript during attendance		
1.											
2.											
3.											
4.											

REQUESTED START DATE: _____ ACTUAL START DATE (Completed by HR): _____

Update: 01/24/2020



LICENSES/CERTIFICATES

Attach certified true copy of the State Occupational License or Industry Certification/License, if required. *Adjunct Instructor - Continuing Education are excluded from completing this section.*

Agency Name	Type of Certificate/License	License Number	Expiration Date: (If Applicable)	Name on Certificate/License

In addition to the completion of this Application for Faculty Credentialing form the following must also be included, if applicable:

- Official transcript(s) from all degree granting institutions bearing the seal of the institution, the signature of the registrar, and descriptive course titles;
- Proof of high school completion for non-degreed applicants
- For International institutions, a copy of the Foreign Evaluation Verification Letter from an approved agency;
- For occupational and adult education credentialing, verification of work experience submitted on the employer's business stationery, including specific dates and job titles held.

QUALIFYING COURSEWORK Attach certified true copy of the State Occupational License or Industry Certification/License, if required. *Adjunct Instructor - Contingent Worker & Adjunct Instructor - Continuing Education are excluded from completing this section.* Quarter Accrediting Undergrad Grad Course # Title University/College Hours Organization Hours Hours (If Applicable) **Total Hours:**



COURSE(S) QUALIFIED TO TEACH AT FSCJ (Instructor may only teach these FSCJ courses) For each course, list Course (ENC1101), PeopleSoft Acad. Org (11315) and PeopleSoft Course ID (109288)															
Course:	Academic Org:	Course	ID Number	<u>;</u>		Cour	rse:		Acades	nic Org:		Course I	D Numl	ber:	
								-			-				
						-									
Paid by timesheet? \[Yes* \[No															
*If yes, list the corresponding pay rate(s) and position numbers for all courses being taught:															
*PAY RATES Be aware of the standardized pay rates for PSAV, PSV, Adult Studies, and Music timesheet instructors.															
Position Number:															
Pay:															



ALTERNATIVE CREDENTIALING BY DEMONSTRATED COMPETENCY: In EXCEPTIONAL cases, <u>outstanding professional experience & demonstrated contributions to the teaching discipline</u> may be presented in lieu of formal academic preparation for faculty members teaching both transfer & non-transfer courses in these areas. Such cases **must** be justified in a Letter of Exception (LOE), Letter of Verification (LOV), or Letter of Qualification (LOQ) on an individual basis and documentation kept on file in Human Resources.

1) Is this application an exceptional case that r	needs alternative credentialing?			
☐ Yes* ☐ No				
a) *If yes, what letter have you attached to	to this credentialing application?			
Letter of Verification	Letter of Qualification	☐ Letter of Exception		
	SIC	<u>GNATURES</u>		
HUMAN RESOURCES	WILL NOT ACCEPT TH	IS DOCUMENT UNLE	ESS SIGNED BY AL	L APPROVERS -
(INS)	TRUCTIONAL DEAN AN	ND ASSOCIATE PROV	OST/A.V.P./V.P.)	
Position reports to (Print Name):	Employe	e ID #:	Title:	
Evaluation completed by (Print Name):			Title:	
Signature:		(Digitally Signed)	Date:	
Approval Signatures: Name (Print):		Signature:	(Digitally Sign	ed) Title: <u>Instructional Dean</u>
Name (Print):		Signature:	(Digitally Sign	ed) Title: A.P./ A.V.P./V.P.