

**NORTH CAROLINA CENTRAL UNIVERSITY  
DIVISION OF ACADEMIC AFFAIRS**

**VERIFICATION OF FACULTY CREDENTIALS**

Verification of credentials is required for all faculty, including adjuncts and full-time fixed-term faculty regardless of the instructional delivery mode. See [REG - 10.06.1 - Credentialing Requirements for Faculty Teaching Appointments](#). **This form must be submitted and approved before the faculty member is hired and before the faculty member provides instruction.**

**INSTRUCTIONS:** Use this form to document academic credentials and other qualifications that attest to the faculty member's eligibility to teach the courses listed on this form. To document academic credentials, review the transcript of the highest degree earned by the faculty member and enter the required information. If non-academic qualifications are being used to justify the faculty member's eligibility, list that information in the appropriate area in Section 2.

If this form was completed when the faculty member was hired to teach in a previous academic term and there is no change in the faculty member's credentials and no change in the course the faculty member will teach, please indicate this by checking the appropriate box below. After completing the form, sign using a digital signature and upload the form with the hiring documents for the next level of approval.

**Submission of this form does not substitute for submitting the faculty member's official transcript to the Academic Resources Management Office in the Division of Academic Affairs.** It is recommended that the hiring unit keep a copy of the faculty member's transcript in the unit office.

**COLLEGE/SCHOOL**

**DEPARTMENT**

**FACULTY MEMBER'S NAME**

**SPECIFIC COURSE(S) FACULTY MEMBER IS CREDENTIALIALED TO TEACH**

Course Number and Course Name	Course Number and Course Name

**Check this box for returning faculty only if ALL of the following statements are true.**

- 1) This form was submitted when this faculty member was hired to teach at North Carolina Central University during a previous academic term and a copy of the completed form with approvals is on file.
- 2) There has been no change in the faculty member's credentials.
- 3) There has been no change in the courses this faculty member will teach during this contact period.

**SECTION 1 - ACADMEMIC CREDENTIALS**

Highest Degree Earned	Discipline	Institution Awarding Degree	Year Awarded
	Specialty Area:		

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Additional Graduate Degree Earned	Discipline	Institution Awarding Degree	Year Awarded
	Specialty Area:		

**COURSES (FROM HIGHEST DEGREE ATTAINED) RELEVANT TO TEACHING AREA**

Course Number	Course Name	Credit Hours

**SECTION 2 – OTHER QUALIFICATIONS**

Complete this section to provide information about additional qualifications used to meet SACSCOC credentials guidelines as described in Section 5.1 of [REG - 10.06.1 - Credentialing Requirements for Faculty Teaching Appointments](#).

**Related Work Experience**

Position	Organization/Agency	Length of Service (Yrs)	Specific Relevance to Courses Faculty Member Will Teach

**Professional Licensure and Certifications**

Licensure or Certification (full title)	Granting Organization/Agency	Effective Dates (from – to)

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**Honors and Awards**

Honor or Award	Granting Organization/Agency	Date

**Documented Excellence in Teaching or Other Demonstrated Competencies /Achievements**

Activity	Date

**Course and Curricular Development**

Activity	Date

**SECTION 3 - SIGNATURES OF APPROVAL**

<b>Department Chair</b>

<b>Dean</b>

<b>Office of the Provost</b>

**A signed copy of the Verification of Faculty Credentials form should be kept on file in the academic department and dean's offices in addition to the copy maintained in the file in the Academic Resources Management Office.**