

SACS-SPECIFIC CREDENTIALING DETAILS

(Please check all—if the category does NOT apply to you, check N/A)

Category	N/A	YES	NO
College transfer course(s) Master's degree or higher in the discipline or a minimum of a Master's degree with 18 graduate semester hours in the discipline			
AAS degree Baccalaureate in the teaching discipline, or associate degree and demonstrated competencies in the teaching discipline, illustrated by the completion of an alternative credential portfolio.			
Diploma & Certificate Programs High School diploma or equivalent, demonstrated competency and/or experience in the respective field, and certification/licensure in the field and the completion of an alternative credential portfolio.			
Developmental course(s) Bachelor's degree in a discipline related to the teaching assignment and have either 1 year teaching experience in a discipline related to the teaching assignment or 9 graduate semester hours in developmental education			
Adult basic education or English as a Second Language below the collegiate level Bachelor's degree			
Corporate and Continuing Education course(s) Appropriate credential in the discipline			
Physical activities curriculum credit course Associate degree and appropriate certifications and/or experience			

Based on a review of transcript(s), etc., this employee does/does not meet minimum SACS requirements for this position.

Department Chair: Signature _____ Date _____

Division Chair: Signature _____ Date _____

=====

ALTERNATE CREDENTIAL PORTFOLIO

(Requires approval of Vice President of Instruction after review by Faculty Credential Review Committee)

Does the College have on file external documentation in one of the following SACS-approved categories?
Yes _____ No _____ (if no, supply Action Plan)

Check all that apply:

- special training _____ related work experience _____ teaching excellence _____
- publications _____ certification, registration, license _____

Verification of review completion: Yes _____ No _____

ACTION PLAN and SPECIFIC TIME LINE should be included:

Employee Signature: _____ Date _____

Projected completion date: _____

(Minimum 6 credit hours per year & Maximum of 5 years to complete Action Plan)

Approval (if required):

FCRC Chairperson: Signature _____ Date _____

Vice President of Instruction: Signature _____ Date _____

Revised 9/15/05

For HR use only: Transcript received _____ by _____