

Florida Community College at Jacksonville
APPLICATION FOR FACULTY CREDENTIALING

PLEASE READ INSTRUCTIONS CAREFULLY: The appropriate campus 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, Associate Dean or Dean. Documents received from other sources will not be considered as original and will not be accepted.

Last Name	First Name	Middle Name	Maiden Name or Suffix

ACADEMIC RECORD

University/College	Location City, State	Date of Graduation	Degree	Major	Full Name on Transcript during attendance
1.					
2.					
3.					
4.					

Certified true copy of the State Occupational License or Industry Certification/License, if required.

Agency Name	Type of Certificate/License	License Number	Date Awarded	Status Active/Expired/Revoked	Name on Certificate/License

Candidate Name: _____ p. 2

General Area: _____ Discipline: _____

