

## \*Faculty Credential Request

Faculty Name:	Fac Dev Crs Completion:	Originator's Name:
Employee Number:	Teaching Status:	Date of Request:
Faculty Email:	Hire Date:	Requesting Department

### College Degrees (US) / College Degrees (Non-US)

College Degree	Degree Major	Institution	Accreditation	Date Received

### Graduate Courses

*(quarter hour graduate courses are converted to semester hours when posted.)*

Discipline	Course Number	Course Title	Qtr/Sem	Credit Hours	Institution/Comments

### Current Licensure/Certification

License/Certificate Name	Florida Health.com URL	Issue Date <span style="color: red;">(Required)</span>	Expiration Date <span style="color: red;">(Blank indicates No Exp. Date)</span>

### Other Qualifications and Comments

*(related to courses taught)*

Background Information	Expiration Date	Comments

### Special Criteria

Special Criteria	Date To Be Completed	Comments

### Proposed / Proposed / Approved Courses

Course Number	Course Title	Exception

\* This form is a sample containing the information found in the Online Faculty Credentialing Roster Utility at <http://intranet.pbcc.edu/utilities/FCD/Index.asp>. Access to this utility is limited to approved users within each academic department at Palm Beach State. Check with your associate academic dean for the contact person for this site in your department.