



**University of Mississippi Medical Center
John D. Bower School of Population Health
Faculty Certification of Credentials Form**

This form will document that John D. Bower School of Population Health (SOPH) faculty are qualified to teach in the SOPH and will document the justification of faculty members. This form must be completed for all full-time and part-time employees who are or will be listed as faculty in the SOPH. The department chair and the SOPH Faculty Affairs representative must sign the completed form. The form, along with any supporting documentation, must be submitted to the SOPH Office of the Dean for final approval.

Department: _____

Section 1: Employee Information

Last Name: _____ First Name: _____ Middle Initial: _____

Employee ID (if known): _____ Employee Role: _____

Current Faculty Type (select one): New Faculty Existing UMMC Faculty

Requested Faculty Type (select one): Tenure-Track Non-Tenure Track

Ranked*: Professor Associate Professor Assistant Professor Instructor

OR

Non-Ranked: Clinician-Scientist Scientist-Educator Clinician-Educator

**Instructor of Record must be Ranked Faculty.*

Appointment Type (select one): Primary Secondary

Paid Position (select one): Yes No

PRN (select one): Yes No

Employment Status: Full-time Part-time FTE: _____

Effective Hire Date: _____

Effective Teaching Semesters(s): _____

Section 2: Earned Degree Information

List all earned degrees, degree discipline, institution and year awarded. Official transcript(s) must be on file with the Office of Faculty Affairs.

Earned Degree (highest first)	Discipline/Major of Degree	Institution	Year	Official Transcript on File (Y/N)?

Section 3: Eligibility by Degree(s)

Complete for all instructional faculty who are degree qualified according to the SACSCOC Degree Guidelines.

Course Prefix of Teaching Discipline OR List Prefix, Number, and Name of specific courses, as appropriate	Degree

Section 4: Eligibility by Additional Qualifications

Complete for all instructional faculty who are NOT degree qualified according to the SACSCOC Degree Guidelines documented in Section 3. Please check all Additional Qualifications that apply, and **explain each checked item** in the space provided. **Supporting documents such as vitae, transcripts, copies of licenses and certifications, etc. must be submitted with this form.**

Additional Qualifications	Justification (a narrative that clearly makes the connection between the additional qualifications selected and the proposed coursework)
<input type="checkbox"/> Degree(s) from related discipline	
<input type="checkbox"/> Research and Publications	
<input type="checkbox"/> Special training/certifications	
<input type="checkbox"/> Related work experience	
<input type="checkbox"/> Documented continuous teaching excellence in discipline	
<input type="checkbox"/> Honors, awards, or special recognition	
<input type="checkbox"/> Other competencies or achievements	

Approved by:

Program Director signature: _____ Date: _____

Department Chair signature: _____ Date: _____

SOPH Faculty Affairs signature: _____ Date: _____

SOPH Dean signature: _____ Date: _____