UNIVERSITY OF SOUTH FLORIDA
College of Public Health
Standardized Biographical Data
For Submission with Graduate Faculty Credentialing

FACULTY INFORMATION:

Name__________________________ Employee ID___________________

Department___________________________________________________

Present Academic Rank________________ Date Appointment to Present at USF______

Previously Credentialed at the following level(s): None  Special  Affiliate  Associate  Full

Education:

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<th>Institution</th>
<th>Degree</th>
<th>Date Awarded</th>
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Professional Experience:

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<tr>
<th>Institution</th>
<th>Rank</th>
<th>Tenured?</th>
<th>Date Awarded</th>
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Please ensure the following information is included in the vita submitted for Graduate Faculty Credentialing.

1. Publications (List only those items that have been published):
   A. Books: Place, publisher, and date of publication.
   B. Book chapters, articles, in refereed journals, refereed bulletins (Give complete information.).
   C. Other publications.

2. Items that have been formally accepted for publication, but not yet published (Give as completed information as possible).

3. Artistic or other creative contributions (performances, exhibits, etc.).

4. Participation at professional meetings (names of organization, place, and dates).

5. Other scholarly or creative activities (professional organizations, administrative duties, etc.) other contributions to profession.

6. Awards, lectureships or prize which shows recognition of scholar or artistic achievements(s).

7. Grants and contracts. Give funding source, amounts, duration of support, and whether PI or CO-PI

8. Thesis and Dissertations directed or service on committees.

wm 3/22/06
INSTRUCTION FOR THE STANDARD CREDENTIALING FORM

FACULTY INFORMATION

1. Fill in the Faculty Member’s name and social security number.

2. Fill in a mailing address where the Faculty member would like to receive notice of approval of the request for credentialing.

3. Fill in the department and College of Faculty member, as well as the current Academic Rank (Full Professor, Associate Professor, etc.) and the date appointed to that rank.

4. Fill in the number of years the faculty member, has been with USF and the number of years served in the field at other institutions.

5. Circle the levels which apply for previous credentialing at USF.

6. In the Education Section fill in the institutions attended and the highest degrees awarded, as well as the date those degrees were conferred.

7. In the professional Experience Section fill in the experience the faculty member has had with USF and with other institutions. Fill in the Rank (Full Professor, Associate Professor, etc.) held while at each institution. Check off if the Faculty member received Tenure and the date it was awarded.

FACULTY CREDENTIALING APPROVAL PAGE

1. Fill in the name of the department that is requesting the credentialing. Fill in the department’s College, as well as the name of the Faculty member being credentialing.

2. Check the box of the level being requested (full, Associate, Affiliate). See guidelines as needed. Please note that Special Credentialing must be processed on a Special Credentialing Form.

3. Fill in the Department Mail Code or Mailing Address. This is where the approval or disapproval notice will be sent.

4. The representative from the Department Committee (often the Program Director) signs, as does the Departmental Chairperson. Their name and phone number must be typed or printed, as noted.

5. The Faculty Member may sign, acknowledging the Credentialing request.

6. Once complete, the department forwards the packet (this form, plus the accompanying documentation noted on the front of the form) to the College Dean’s office.

7. The College Dean’s office designee signs and, if approved, forwards the packet to the Graduate School. If the College Dean’s disapproves of the request, then the packet is submitted to the College Committee for discussion. If approved, it goes to the Graduate School for the next step. If disapproved, it is returned to the department.

8. The Graduate School designee signs. If approved, a letter of approval is sent to the Faculty member, with copies sent to the College Dean, and the Department Chairperson. One copy is retained in the Graduate School and the Graduate School Database is updated accordingly. If the request is disapproved, it goes to the Graduate Council for discussion. If the Council approves it, the Credentialing processed as noted. If disapproved, it is returned to the College Dean’s office, which then is returned to the department.

9. Credentialing may be approved for up to seven (7) years. For complete information on credentialing levels and policies, see the Duties and Responsibilities sheet created by Graduate Council.

wm 3/22/06
FACULTY CREDENTIALING APPROVAL

University of South Florida Department of ________________________________

In the College of Public Health recommends the credentialing of ______________________________ as a member of the Graduate Faculty at the following level:

[ ] FULL   [ ] ASSOCIATE   [ ] AFFILIATE

Department Mail Code or Address: MDC BOX 56

Department Committee
_____________________________________________
Typed name Signature Date
Remarks:______________________________________________________________________________

Chairperson Approval
_____________________________________________
Typed Name Signature Date
Remarks:______________________________________________________________________________

New Faculty Member Signature (acknowledgement only): ________________________________

College Committee:     [ ] Approve     [ ] Disapprove

_____________________________________________
Typed Name Signature Date
Remarks:______________________________________________________________________________

College Dean:     [ ] Approve     [ ] Disapprove

_____________________________________________
Typed Name Signature Date
Remarks:______________________________________________________________________________

New Faculty Member Signature (acknowledgement only): ________________________________

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