I. GENERAL

A. Credit for previous professional experiences may be recognized for and apply to the determination of rank assignment, promotion eligibility, and/or salary level upon recommendation by the Vice President for Academic Affairs and the approval of the President.

B. Assessment of previous professional experience -- whether college instruction, relevant college service, or relevant work experience -- will be the responsibility of the officials of Motlow State Community College utilizing the following specific guidelines.

C. Determination of "relevancy" of work experience in assigning equivalent work experience credit is the decision of the Vice President for Academic Affairs.

D. Any exception to these guidelines must be approved by the President of the College.

II. CREDIT ASSIGNED FOR COLLEGE INSTRUCTION (1:1)

If approved by the President, credit for previous professional experience will be determined by the following guidelines:

A. Full-time college teaching. Teaching credit will be granted on the basis of one-for-one for the number of years of full-time college teaching experience at any college or university accredited by the recognized accrediting agencies in the United States, such as Southern Association of Colleges and Schools Commission on Colleges (SACSCOC). Any institution outside the United States must be accredited by an organization with standards comparable to SACSCOC.

B. Part-time college teaching. Equivalent teaching credit will be granted when college credit courses have been taught on a part-time basis for any accredited college or university. Fifteen (15) semester hours will be considered equivalent to one-half year of college teaching experience. Teaching internships, assistantships, and practicums are excluded in the determination of experience.
III. CREDIT ASSIGNED FOR EDUCATION-RELATED EXPERIENCE (1:1)

If approved by the President, credit for previous professional experience will be determined by the following guidelines:

A. Upon consulting with the Faculty Council Chair, credit will be granted for education-related work experience directly related to the teaching position to be held by the faculty member, such as full-time teaching in accredited public schools, counselor activities, librarianships, and teaching in an area different from the teaching area at Motlow State Community College.

B. This credit will be equated on the basis of one-for-one, one year of equivalent work experience credit for one year of relevant education-related work experience.

IV. CREDIT ASSIGNED FOR WORK EXPERIENCE IN BUSINESS, INDUSTRY AND PUBLIC SERVICE (1:1)

If approved by the President, credit for previous professional experience will be determined by the following guidelines:

A. Upon consulting with the Faculty Council Chair, credit will be assigned for work experiences in business, industry, and public service which were directly related and relevant to the responsibilities of the position to be held at Motlow State Community College.

B. This credit will be granted on the basis of one-for-one, one year of equivalent work experience credit for one year of relevant work experience in business, industry, and public service. A maximum of ten years credit will be granted.

When the total credit assigned for previous professional experiences includes any portion of a year, the portion will be disregarded.

Note: In addition to completing the attached form(s), the Faculty Credentials Approval Form should also indicate credit for previous professional experience at the time of hire.
### PROFESSIONAL EXPERIENCE

<table>
<thead>
<tr>
<th>NAME</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>PREVIOUS EMPLOYER</th>
</tr>
</thead>
</table>

**ADDRESS**

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
</tr>
</thead>
</table>

**LOCATION OF EMPLOYMENT**

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip code</th>
</tr>
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</table>

**POSITION TITLE**

<table>
<thead>
<tr>
<th>POSITIONS RESPONSIBILITIES</th>
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**ADMINISTRATIVE SUPERVISOR**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
</table>

**DATE OF EMPLOYMENT**

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Month/Year</th>
</tr>
</thead>
</table>

**NUMBER OF YEARS EMPLOYED**

---

You are authorized to contact the above named employer to verify my employment during the described period. I understand that verification in writing (Past Employment Verification form) is a necessity to receive credit for this experience.

**SIGNATURE**

<table>
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<th>DATE</th>
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<th>DATE</th>
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</thead>
</table>
PAST EMPLOYMENT VERIFICATION

TO: ___________________________________________

Name ____________________ Title ________________ Address ____________________________

I am requesting verification of past employment. You are authorized to provide pertinent information to Motlow State Community College for the purpose of establishing credit for previous experience.

SIGNATURE____________________________________ Date___________________________

EMPLOYMENT DATA:

_________________________ was employed by __________________________________________

Employee __________________________________ Employer___________________________

for the period of time from: ___________________________ to: ___________________________

Employer's address _______________ in the position ____________________________

Month/Year Month/Year Title _________________________________________________________

Primary responsibilities were _______________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Additional comments: ______________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

RESPONDING AGENT:

NAME_____________________________ TITLE________________________________________

ADDRESS__________________________________________________________

Street __________________ City __________________ State ___________ Zip code _______

SIGNATURE_____________________________________ DATE_________________________