



## Board Member Qualification Form for Institutions of Higher Education

**All Board members must be individually qualified by education, experience, and record of conduct to assure effective management and ethical practice. Boards must collectively demonstrate financial, academic, managerial, and any necessary specialized knowledge, but individual members need not have all of these characteristics.**

### Personnel Data

Full Name:						Date:			
<i>Last</i>			<i>First</i>		<i>M.I.</i>	<i>Title</i>			
Phone:	(      )					Work Cell #:	(      )		
Work Fax:	(      )		E-mail Address:						
Name of School:									
Date of Initial Appointment:				Position Held:					
Does your education and experience demonstrate financial knowledge?						Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Does your education and experience demonstrate knowledge of higher education?						Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Does your education and experience demonstrate managerial knowledge?						Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Does your education and experience demonstrate specialized knowledge?						Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If you answered yes to any of the questions above, please provide a detailed description:									

### Education

Institution Attended (Name plus city & state of location)	Graduated?		Certificate, Diploma or Degree Earned	Major Area of Study	Dates Attended	
	Yes	No			From (Mo./Yr.)	To (Mo./Yr.)
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

**Work Experience**

Employer				Job Title:	
Address:					
Job Duties or Responsibilities:					
Length of Work Experience		From:		To:	

Employer				Job Title:	
Address:					
Job Duties or Responsibilities:					
Length of Work Experience:		From:		To:	

**Attach separate sheet with additional work experience and a copy of your resume.**

**Certifications/Licenses**

Occupational Licenses, Certifications, or Registrations Held	State Issued	Expiration Date

As an **authorized school official**, I have carefully reviewed and verified the qualifications of the board member and his/her statements contained on this application. To the best of my knowledge and belief, he/she is qualified for the position as required by the rules for the State Council of Higher Education for Virginia. I understand false and misleading information may result in the denial of the certification application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**SCHEV Use Only:**

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_

Comments: