



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE
CURRICULUM VITAE OUTLINE FOR PROGRAM FACULTY**

SECTION II Directions:

This section must be completed for the **Medical Director and any Co-Medical Director(s)**

Full Name:

Title:

Academic Rank:

Start Date of Current Employment Agreement/Contract:

End Date of Current Employment Agreement/Contract:

Teaching Status (F/T, P/T - Hours or % F/T): **Check here** **if not applicable**

Board Certificates (list all active certificates **including applicable expiration dates):**

Name of the program clinical affiliate where you are credentialed:

MD Licensure/Certification (specify State):

License/Certification Number:

Expiration Date:



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Training/Experience in the management of respiratory disease and in respiratory care practices:

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -

Facility:

Position/Title:

Years Worked (From/To): -