



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

SECTION I Directions:

This section must be completed for the Program Director, Director of Clinical Education and any other paid full- or part-time program instructional faculty.

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):

Credentials (list all active credentials including applicable expiration dates):

NBRC Registry Number (include CRT Number if CRT only):

Date NBRC credential earned:

RT Licensure/Certification (specify State):

License/Certification Number:

Expiration Date:

Education (highest degree earned for each category – include institution):

A. RT Degree:

Institution:

Month/Year Earned:

B. Other:

Institution:

Month/Year Earned:



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Work experience in clinical respiratory care:

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): -

Please indicate specifically any experience teaching in an accredited respiratory care program as a faculty member.

University/College:

Position/Title:

Years Worked (From/To): -

University/College:

Position/Title:

Years Worked (From/To): -

Please indicate specifically any experience teaching in an accredited respiratory care program as a clinical preceptor (paid or unpaid):

Healthcare Organization/hospital:

Position/Title:

Years Worked (From/To): -

Preceptor with Respiratory Care Program Name/Number:

Healthcare Organization/hospital:

Position/Title:

Years Worked (From/To): -

Preceptor with Respiratory Care Program Name/Number:

Other Licenses/Certifications (e.g., ACLS, NRP, etc):
