



**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.**

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**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):**

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

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

**Date NBRC credential earned:**

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**RT Licensure/Certification (specify State):**

**License/Certification Number:**

**Expiration Date:**

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**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): -

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**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:

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

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