



Department of
Veterans Affairs

CLINICAL INSTRUCTOR PROFILE

NOTE: This form should be used for either a VA instructor or, if applicable, the instructor from the affiliating school.

1. VA FACILITY		DATE
2. PROGRAM	3. AFFILIATING INSTITUTION	
4a. INSTRUCTOR	4b. PRESENT POSITIONS	
5a. REGISTRATION/LICENSURE: (State) State: Number:	5b. EXPIRATION DATE	

6. EDUCATIONAL PROFILE

NAME OF INSTITUTION	PROGRAM	DEGREE AND YEAR AWARDED
a.		
b.		
c.		
d.		

7. ADVANCED EDUCATIONAL PREPARATION FOR LAST 2 YEARS (*List courses, continuing education activities, etc.*)

8. PUBLICATIONS LIMITED TO LAST 2 YEARS (*Doctoral programs only*) (*Attach paper if additional space is needed.*)

9. PROFESSIONAL EXPERIENCE (*Limit to last 5 years*)

DATE(S)	POSITION	TITLE	PLACE OF EMPLOYMENT
a. (<i>Present</i>)			
b. -			
c. -			
d. -			
e. -			

