



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)	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.(Present)			
b.			
c.			
d.			
e.			