

WEBER STATE UNIVERSITY
Dumke College of Health Professions
RESPIRATORY THERAPY PROGRAM

CLINICAL FACULTY CURRICULUM VITAE

Name: _____ Social Security #: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____ Cell phone Number/Page Number: _____

Birthdate: _____

EDUCATION	INSTITUTION	FIELD OF STUDY	DEGREE/CERT.	DATE OF GRADUATED
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A.A.S/ A.S degree _____

B.S. degree _____

Graduate degree _____

Other _____

Current employment (Must be filled in):

Position*: _____

Employer*: _____

Address*: _____ City: _____ Zip Code: _____

Telephone Number*: _____ ext. number: _____ Fax: _____

Other Job Experience:

Institution _____ Position _____ Years _____

Institution _____ Position _____ Years _____

Institution _____ Position _____ Years _____

* _____ / _____
Academic year/semester of
Appointment as clinical faculty

* _____
Name of CHP Program
for which you will be serving

* _____
Director of Clinical Education
Signature (will be signed after
Application is submitted)

**Please make sure all areas are complete. This information is essential for approving clinical faculty status.*

December 10, 2008