Academic Faculty/Clinical Scholar /Instructor/ Information Sheet

Name	Date:
I am interested in participating in an "Academic Faculty/Clinical So (Please note: If you are interested in Academic Faculty teaching positio Yes* No*	
	ase keep my name on the distribution list related to this topic* hops at 303-715-0347 or Workshops@ColoradoNursingCenter.org
If you responded "Yes" above, please complete the following. This Colorado. (Completion of the information provided your acknowledgem	
Cell Phone Number Alternate Numb	ber
Preferred email address	
	Last name on license, if different:
Current Place of Employment	City
Employer Phone Fa	City State
Instructor / Scholar Information:	
What is your highest educational degree? Are you currently enrolled in a degree program? Yes a. Degree Program	Name of School Year Completed No (If yes, please complete following items)
 3. When did you attend the Clinical Scholar Course: Month Year	
Fall (August – December) Winter (January)	Spring (January – May) Summer (June – July)
Please check day(s) you are available to teach: (check all that apply an	nd please indicate AM or PM)
	Thursday Friday Saturday Sunday
Do you prefer:(check all that apply)	, canalay , canalay , canalay ,
	2 hr shifts Other (please indicate hours):
Please check your clinical instruction specialties (areas with a minimum	n of one year experience and current knowledge): (check all that apply)
OB Pediatrics	Mental Health Senior Practicums
MedSurgI MedSurgII	Public Health Fundamentals
Please check the geographic areas you are willing to travel to for a grou	up of students. (check all that apply)
Metro Denver North Denver South Denve	
Greeley/Ft Collins CO Springs Pueblo	Grand Junction San Luis Valley
	rt of a clinical group you will need to provide written proof of the following:
	onth/Day of Birth for omputer Access ID (last 4 digits) CO Nursing License # and Expiration Date