

CLINICAL EDUCATION PROGRAM PROFILE

1. VA FACILITY		DATE
2. TITLE OF PROGRAM <i>(discipline)</i> <i>(Use title as described in M-8, Part II, Chapter 6, Appendix A, Index of Major and Minor Codes)</i>		5. NAME OF PROGRAM DIRECTOR
3. DEGREE CONFERRED BY INSTITUTION	6. MAILING ADDRESS	
4. NAME OF AFFILIATING INSTITUTION	7. IS THIS REQUEST: INITIAL? <input type="checkbox"/> OR CONTINUING? <input type="checkbox"/>	
8. NAMES(S) OF INSTRUCTORS FROM AFFILIATING INSTITUTION <i>(If applicable)</i> .		
NOTE: VAF 10-0105b, "Clinical Instructor Profile" should be completed and attached <i>(If Applicable)</i> .		
9. ACCREDITATION		
a. IS THE PROGRAM ACCREDITED? <input type="checkbox"/> YES <input type="checkbox"/> NO	b. IF NOT, REASON <i>(If applicable)</i>	
c. NAME OF ADDREDDITING BODY?	d. DATE OF ACCREDITATION EXPIRATION?	
10. STUDENT DATA		
a. NO. OF STUDENTS PER FISCAL YEAR	b. NO. OF STUDENTS IN VA FACILITY AT THE SAME TIME	c. NO. OF WEEKS STUDENTS WILL BE IN VA FACILITY
d. TOTAL NO. OF HOURS (PER WEEK) STUDENT WILL BE IN VA FACILITY. <i>(Use average if no. varies)</i>	e. TOTAL FTEE AVAILABLE FOR PROFESSIONAL STAFF INVOLVED IN PROGRAM AT VA FACILITY?	
11. LIST BRIEFLY OTHER VA RESOURCES WHICH WILL BE INVOLVED IN THE CONDUCT OF THIS PROGRAM, i.e., MAJOR EQUIPMENT, SPACE, AND PATIENT LOAD.		
12. LIST THE TYPES AND EXTENT OF THE AFFILIATING INSTITUTION'S CONTRIBUTIONS IN THE CONDUCT OF THE PROGRAM, i.e., UNIVERSITY APPOINTMENT, CONTINUING EDUCATION PROGRAMS, ETC.		
13. WHAT ARE THE PROSPECTS FOR EMPLOYMENT IN THE VA FACILITY?		
14. WHAT ARE THE PROSPECTS FOR EMPLOYMENT IN THE SURROUNDING COMMUNITY?		