



Simulation And Integrative Learning University of Illinois College of Medicine

Clinical Skills Instructor Application

Download this pdf and edit it in Adobe Reader. If it's easier, you can print and fill it in by hand and return a scanned copy to SAIL.

Name

Street Address Apt.#

City Zip Code

Cell Phone Home Phone Work Phone

E-mail

E-mail #2

Date of Birth

Are you a U.S. Citizen? Yes No If No, what type of VISA do you have?

How did you learn about our program?

- Magazine article Newspaper article TV Classifieds Radio Internet

- Referred (If possible please list the persons name, your relationship, and phone number)

Educational Background

Educational level (Check all that apply):

- H.S. Diploma or G.E.D. BA/BS BFA MA/MS PhD
- EMT-B EMT-P PA NP LPN RN

- Other

From what institution did you get your license/degree?

What is your degree or specialty in?

Do you have a background in education or preceptorship?

Yes No

If "YES", please explain:

Why are you interested in being a skills instructor?

Employment History

Are you currently employed? Yes No Full Time Part Time Self - employed Retired

What days of the week do you typically work? **OR** Which shift do you work? M T W Th F S/S Black Red Gold Other

What hours do your work?

Name of employer (current or most recent):

Supervisor's name and phone number:

What type of work do you do at this company?

Dates of employment Beginning Ending

If you are no longer working there, please state your reason for leaving:

Please list any specific days of the week and times that you will be unavailable to work for us:

Emergency Contact

Please list an Emergency Contact that we should use in case of an emergency:

	Name	Phone Number	Relationship
1.)	<input type="text"/>	<input type="text"/>	<input type="text"/>

References

Please list three references that we may contact (2 professional & 1 personal):

	Name	Phone Number	Relationship
1.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please email this application, along with a cover letter, a copy of your current licenses, and your resume to tbarac2@uic.edu

Please feel free to follow up with a hardcopy of your information to the address below:

UIC ~ Simulation and Integrative Learning Institute
Dept. of Medical Education (MC951)
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Chicago, IL 60608