

**DEL MAR COLLEGE
REVIEW OF VCT FACULTY QUALIFICATIONS**

Name of VCT Instructor			
Name of Provider Institution			
Courses Approved for Delivery at DMC:			
Academic Qualifications			
Degree	Graduate Semester Hours	Major	Institution
Licensure/Certification			
Work Experience			
Comments			

Name of Reviewer: _____ **Title:** _____

Signature of Reviewer: _____ **Date of Review:** _____