

BIOGRAPHICAL DATA FORM

DATE COMPLETED: _____

Instructions: Use this format to provide documentation of an individual's expertise as a planning committee member or as a presenter (content specialist) for this activity.
Submitted information must not be more than 2 pages.
Do not attach any additional material.

•PREFERRED CONTACT INFORMATION

Name: _____
Name and Degrees

Address: _____
Number and Street

City, State and Zip Code

Telephone: _____ **Fax:** _____

E-mail: _____

Present Employee and Position Job Title: _____

•EDUCATION (include basic preparation through highest degree held)

Degree	Institution Name City, State	Major Area of Study	Year Degree Awarded

•BIOGRAPHICAL DATA:

Use the space below briefly describe your professional experience as it relates to your role in this continuing nursing education activity, e.g., RN planner, presenter, content specialist, target audience representative, etc.