

BIOGRAPHICAL DATA FORM FOR ACTIVITIES

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

Check which role you are fulfilling:

- Nurse Planner _____
- Target Audience Representative
- Faculty _____
- Content Specialist _____
- Other _____ _____ (explain)

Name and Degrees:	
Preferred Contact Address: Number and Street: City, State and Zip Code:	
Preferred Contact Telephone:	
FAX:	
E-mail Address:	

Present Position:
(Employer, job title)

Education (include basic preparation through highest degree held) Reminder: A degree is awarded from an academic setting; a license is issued by a regulatory agency.

Degree	Institution (Name, City, State)	Major Area of Study	Year Degree Awarded
1.			
2.			
3.			
4.			

Biographical Data

Use the space below to briefly describe your professional experience as it relates to your role, as indicated above, in this continuing nursing education activity. Based on the role(s) checked above, complete the appropriate following statement.

- **As Faculty and or Content Specialist, I have content expertise in this topic by:**