



Presenter/Planner Biographical Form

You must include with this submission, one Presenter/Planner Biographical Form for each person who will be presenting during the session

Session Title: _____

Section 1: Demographic Data

Name with Credentials/Degrees: _____

If RN, Nursing Degree(s): AD Diploma BSN Masters Doctorate

Address: _____

Phone Number: _____ Email Address: _____

Current Employer and Position/Title: _____

Section 2: Expertise - Planning Committee

If a planning committee member, select area of expertise specific to the educational activity listed above:

Please describe expertise and years of training specific to the educational activity listed above.

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

An "X" on this line identifies the expertise information is the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above.

Section 4: Content Sources

Content for this educational activity was chosen from:

- Information available from the following organization/web site (organization must use current available evidence within past 5-7 years as resource for readers; may be published or unpublished content; [examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health]: _____

- Information available through peer-reviewed journal/resource (reference should be within past 5-7 years): _____

Section 4: Content Sources Cont.

- Clinical guidelines (example - www.guidelines.gov): _____
- Expert resource (individual, organization, educational institution) (book, article, web site):

- Textbook reference: _____
- Other: _____

Please Note: Each proposal **must** include at least 3 current (w/in the last 5-7 years) content resources. Those proposals in which the resource listing is not provided will be considered incomplete and will not be eligible for acceptance until information is submitted.



I attest to the accuracy of the information given above.

Print, Completed by: Expert/Presenter/Faculty/Author

Signature, Completed by: Expert/Presenter/Faculty/Author

Date _____