

**BIOGRAPHICAL DATA FORM**  
**UNIVERSITY OF NEBRASKA MEDICAL CENTER COLLEGE OF NURSING**  
**CONTINUING NURSING EDUCATION**

**NOTE:** If you have sent a CV, bio sketch, or resume to our office, you do not need to complete this form.

UNMC Project #: **INSERT # HERE**

**Check one:**

- Planning Committee/Others Involved in Planning  
 Speaker/Presenter/Author

Name **INSERT**

Degree(s)/Credentials **INSERT**

Contact Address: (**Please check** (✓)  Home or  Business address)

Contact Address: **INSERT**

Telephone: **INSERT**

Fax: **INSERT**

E-mail: **INSERT**

Current Position: (please include employer name, your job title, and location of employment)

**INSERT**

Education: (please include basic education through highest degree held)

<u>Institution (name, city, state)</u>	<u>Degree Earned</u>	<u>Major Area of Study</u>	<u>Year Degree Awarded</u>
<b>INSERT</b>	<b>INSERT</b>	<b>INSERT</b>	<b>INSERT</b>

**Speaker/Presenter/Author:**

Use the space below, or write on the reverse side, to briefly describe your professional and clinical experience, (including research, publications, awards, honors, work experiences and professional achievements) related to this continuing nursing education activity.

**Planning Committee:**

Use the space below, or write on the reverse side, to briefly describe your familiarity with the target audience and topic of this continuing nursing education activity.

**RETURN to:** Emily Wahl, UNMC College of Nursing – Continuing Nursing Education, 985330 Nebraska Medical Center, Omaha, NE, 68198-5330, **e-mail to** ewahl@unmc.edu, **or fax to** Emily Wahl at 402-559-6379.