



PCNA Continuing Education SPEAKER Biographical Data Form

Name: _____ Degree(s): _____

Contact Phone: _____ Contact E-mail: _____

I: EMPLOYMENT INFORMATION

Present Employer: _____ Current Title: _____

Current Position Description: _____

II: EDUCATIONAL BACKGROUND

Degree	Institution (Name, City, State)	Major Area of Study	Year Completed

III: BRIEFLY SUMMARIZE PROFESSIONAL EXPERIENCE/EXPERTISE RELATED TO TOPIC:

All faculty must also complete the FACULTY Disclosure form (see separate form).