

**Boston College William F. Connell School of Nursing  
Continuing Education Program  
BIOGRAPHICAL DATA FORM**

This form is used for purposes of CNE to provide documentation of an individual's expertise related to the program. **Do not attach resume or curriculum vitae.** Must be submitted for **member(s) of the Planning Committee, presenter(s), and content specialist(s).**

Check one:       **Presenter**                       **Content specialist**                       **Planner**

Name: \_\_\_\_\_  
(Name and Credentials)

Preferred Address: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_   
(City, State and Zip Code)

Preferred Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Employer, title, and description:  
\_\_\_\_\_  
\_\_\_\_\_

Education (include basic preparation through highest degree held)

	<b>Institution</b> (Name, City, State)	<b>Major Area Of Study</b>	<b>Degree</b>	<b>Year Degree Awarded</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Use this space below to briefly describe your professional experience or areas of expertise (including publications) related to your involvement in continuing nursing education and your particular role, e.g., planner, presenter, peer reviewer, administrator, etc.