

BIOGRAPHICAL DATA FORM for ACTIVITIES
Texas Hospital Association



TEXAS HOSPITAL ASSOCIATION

Completion of this form is required to meet the guidelines for providing continuing education credit.

This form is used to provide required documentation of your individual expertise as member of the planning committee (content specialist) or as a presenter as it relates to this educational activity.

Instructions:

1. Please complete the form in its entirety.
2. Click or tab through each field and type in your information/check boxes by clicking with mouse.
3. Remember to save the document prior to printing.
4. **DO NOT attach additional material such as Curriculum Vitae in lieu of completing form.**

ROLE IN ACTIVITY (check which role you are fulfilling)

- Presenter / Content Specialist
 Primary Nurse Planner
 Target Audience Representative
 Provider Unit Director
 Other: ___

PERSONAL INFORMATION:

1. Name and Degree(s): _____
2. Preferred Contact Address: _____
 - a. Number and Street _____
 - b. City, State and Zip Code _____
3. Preferred Contact Information: _____
 - a. Telephone () _____
 - b. Fax () _____
 - c. E-mail Address _____
4. Current Employment Information: _____
 - a. Employer _____
 - b. Job Title _____

EDUCATION (include basic preparation through highest degree held)

Degree	Institution (Name, City, State)	Major Area of Study	Year 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 education activity:
