

# THE COLORADO NURSES ASSOCIATION BIOGRAPHICAL DATA FORM

NAME & DEGREE \_\_\_\_\_

PREFERRED ADDRESS \_\_\_\_\_

\_\_\_\_\_  
(CITY, STATE, ZIP CODE)

E-MAIL \_\_\_\_\_

EMPLOYER, TITLE & DESCRIPTION \_\_\_\_\_

EDUCATION (Include basis preparation through highest degree held)

	Degree	Year Degree Awarded	Institution (Name, City, State)	Major Area of Study
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Use the space below to briefly describe your professional experience or areas of expertise (including publications) which contribute to your particular involvement in this nursing continuing education activity.)

**Please complete and fax to 617-737-1144, attention Shelley Ludwick.**