

**Biographical Data Form**

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| **Provider Organization:**  |  |
| **Title of Activity:**  |  |
| **Date(s), if live:** |  |

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| **Individual’s role(s) in this Educational Activity:** *(check ALL that apply)* |
|  | Presenter/Author  |  | Planning Committee Member  |
|  | Content Expert (Subject Matter Expert) |  | CNE Nurse Planner responsible for this activity  |
|  | Content Reviewer  |  | Primary Nurse Planner *(Approved Providers only)* |
|  | Other faculty in control of content (describe): |  |
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| Name and Credentials: |  |
|  |  |  |  |  |  |  |  |  |  |  |
| For RNs, “X” **nursing** degrees held:  |  | ADN  |  | Diploma  |  | BSN  |  | MSN  |  | Doctorate |
| Organization/Employer: |  |
| Current Position/Title: |  |
| Mailing Address:  |  |
| Phone: |  |
| Email: |  |

Your educational preparation:*(include basic through highest degree held)*

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| --- | --- | --- |
| Degree | Major Area of Study | Institution – Name, City, State |
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| **1.** | **ALL** **PRESENTERS/AUTHORS/CONTENT REVIEWERS/FACULTY/PLANNERS/NURSE PLANNERS:** |
|  | *Describe your relevant professional experience, continuing education, or other information that qualifies you for your role as a presenter, developer, reviewer, or planner of educational content:* |
|  |  |

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| **2.** | **ALL** **PRESENTERS/AUTHORS/CONTENT REVIEWERS/FACULTY/ PLANNERS/NURSE PLANNERS with subject matter expertise:** |
|  | *Describe your relevant professional experience, continuing education, or other information that qualifies you as a subject matter expert:* |
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| **3.** | **Complete this section if you are a NURSE PLANNER for the ORGANIZATION RESPONSIBLE FOR AN EDUCATIONAL ACTIVITY OR if you are a PRIMARY NURSE PLANNER of a WNA CEAP APPROVED PROVIDER UNIT:** |
| A | *Describe how you were oriented to, or have current knowledge of, the 2015 ANCC/WNA CEAP criteria for planning, implementing and evaluating continuing nursing education (CNE) activities:* |
|  |
| B | *Describe your experience related to the functions of your role either as a Nurse Planner for this activity or Primary Nurse Planner of a WNA CEAP Approved Provider Unit:* |
|  |
| **PRIMARY NURSE PLANNERS of APPROVED PROVIDER UNITS only:** |
| C | *Licensure as a Registered Nurse: (must be current)* |
|  | RN License Number:  |  | State:  |  | Expiration (month/year): |  |