WNACEAP Logo

**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: |  | | | | | | | | | |
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| 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:* |
|  |  |

|  |  |
| --- | --- |
| **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): |  |