

AACN CNE BIOGRAPHICAL DATA FORM

The Biographical Data Form must be completed by all individuals acting as presenters/speakers in the continuing education program. *Curriculum vitae, resumes, or other similar documents may not be submitted as a substitution for this form. Do not attach any additional pages.*

Presenter:	Carroll Last Name	Karen First Name		
Certifications:	BSN, JD			
Preferred Address: <input checked="" type="checkbox"/> Business <input type="checkbox"/> Personal	Street/P.O. Box	City	State Zip Code	
Contact Via:	Work Telephone	Home Telephone	Fax	Email
Employer:	Rendigs, Fry, Kiely & Dennis			
Professional Title:	Attorney			
Position Description:	Partner			
<p>Practice / Work Experience/ Expertise related to this educational program: Employed as Staff Nurse and Assistant Head Nurse/Preceptor at University Hospital MICU/CCU 1079-1984; Evening Supervisor University Hospital 1984-1985. Medical malpractice defense attorney, primarily representing hospitals/nurses 1987-present. Adjunct Professor Xavier University</p>				

Education Background:

Degree	Institution	Major Area of Study	Completion Year
BSN	College of Mount St. Joseph	Nursing	1979
JD	University of Cincinnati College of Law	Law	1987