

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:	Powell Last Name	Raha First Name		
Certifications:	RN, MSN, FNP-BC			
Preferred Address: <input type="checkbox"/> Business <input type="checkbox"/> Personal	Street/P.O. Box	City	State Zip Code	
Contact Via:	Work Telephone	Home Telephone	Fax	Email
Employer:	Kashyap Medical Assoc.			
Professional Title:	Family Nurse Practitioner			
Position Description:	Work in a primary care physician's office seeing patients with minor health problems. Also round at 3 hospitals.			
Practice / Work Experience/ Expertise related to this educational program: Was Director of CHF program at Mercy Hospital Western Hills for 6 years.				

Education Background:

Degree	Institution	Major Area of Study	Completion Year
Bachelors of Science in Nursing	University Of Cincinnati, College of Nursing and Health	Register Nurse	1998
Masters of Science in Nursing	University Of Cincinnati, College of Nursing	Family Nurse Practitioner	2003

