

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:	Longshore Last Name	Lisa First Name
Certifications:	CNP, RNC	
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:	Jewish Hospital	
Professional Title:	CNP	
Position Description:	NP in the Wound Ostomy Department	
<p>Practice / Work Experience/ Expertise related to this educational program: I am the NP for the wound Care department. I first worked in wound Care in 1995. Preventing pressure ulcers is a quality indicator and nurse sensitive indicator in the evaluation of the quality of care patients receive. Identifying efforts to minimize the damage in skin related to incontinent associated dermatitis will help improve the quality of care by preventing the development of pressure ulcers. I also work at JH as an Educator.</p>		

Education Background:

Degree	Institution	Major Area of Study	Completion Year
MSN	Ball State University	Science of Nursing Adult Nurse Practitioner	2008
BSN	University of Cincinnati	Science of Nursing	2003
Diploma	Jewish Hospital School of Nursing	Nursing	1986