

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:	Ward Last Name	Joann First Name		
Certifications:	RN, Donation Coordinator			
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:	Life Center			
Professional Title:	Donation Coordinator			
Position Description:	Medically assess, manage and allocate organs for transplantation and potential organ donors.			
Practice / Work Experience/ Expertise related to this educational program: Two and a half years SICU, University Hospital, Cincinnati, Ohio. Three years at Life Center				

Education Background:

Degree	Institution	Major Area of Study	Completion Year
ASN	Miami of Ohio	Nursing	2004