

## 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:	Pun Last Name	Brenda First Name		
Certifications:	RN, MSN, ACNP			
Preferred Address: <input type="checkbox"/> Business <input checked="" type="checkbox"/> Personal	Street/P.O. Box	City	State Zip Code	
Contact Via:	Work Telephone	Home Telephone	Fax	Email
Employer:	Vanderbilt University Med Center UNC Chapel Hill School of Nursing			
Professional Title:	Actute care nurse practioner Program clinical manager			
Position Description:	Advanced Practice Nurse with a special interest in critical care, who conducts and participates in patient-oriented, health services research.			
Practice / Work Experience/ Expertise related to this educational program: Her research has focused on improving the care and outcomes of critically ill patients with special emphasis on the problems facing older patients in the ICU (eg, cognitive impairment in the ICU, neuropsychological deficits post-ICU care, and quality improvement projects involving the implementation of evidence based medicine/nursing). In addition she is dedicated to nursing and medical education. She travels throughout the United States providing continuing education to bedside staff at local, regional and national conferences and providing research consultation to hospitals and organizations.				

### Education Background:

Degree	Institution	Major Area of Study	Completion Year
<b>BS, RN</b>	<b>Wheeling Jesuit University Wheeling, WV</b>	<b>Nursing</b>	
<b>MSN</b>	<b>Vanderbilt</b>	<b>Nursing</b>	