

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:	Allard Last Name	Karen First Name
Certifications:	RN, MSN, ACNS-BC,CCNS	
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:	UC Health University Hospital	
Professional Title:	Critical Care Clinical Nurse Specialists	
Position Description:	CNS for the Burn Special Care Unit	
<p>Practice / Work Experience/ Expertise related to this educational program: CNS, BSCU from 1993-present; in 2006 became a provider to inpatient and outpatient burn patients as well as the educator for the Burn Special Care Unit.</p> <p>1986-2003 Staff Development Educator for all ICUs at University Hospital in Cincinnati</p>		

Education Background:

Degree	Institution	Major Area of Study	Completion Year
Diploma	St. Elizabeth Medical Center School of Nursing	RN	1974
BSN	St. Louis University	Nursing	1980
MSN	St. Louis University	Nursing	1982