

AMERICAN NURSES CREDENTIALING CENTER
COMMISSION ON ACCREDITATION
BIOGRAPHICAL DATA FORMAT*

Instructions: This format may be used to provide documentation of an individual's expertise when required by an evidence statement.

Name: _____

Preferred Address: _____
(Number and Street)

(City, State, Zip Code)

Preferred Telephone: _____

Present Position (Employer, title and description)
(Write in paragraph format position
description) _____

Education (include basic preparation through highest degree held)

Degree	Institute (Name, City, State)	Major Area of Study	Year Degree Awarded
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use the space below to briefly describe your professional experience or areas of expertise (including publications) related to your involvement in continuing nursing education and your particular role, e.g., planner, presenter, peer reviewer, administrator, etc. (Add additional sheet if needed)

