

Summary of Faculty Qualifications (May Attach Vitae)

1. Name:	2. Name:
Education and Experience in Area of Content:	Education and Experience in Area of Content:
3. Name:	4. Name:
Education and Experience in Area of Content:	Education and Experience in Area of Content:
5. Name:	6. Name:
Education and Experience in Area of Content:	Education and Experience in Area of Content:

Members of Planning Committee (To Include One LPN if in the Target Audience)

1. Name:	2. Name:
Area of Expertise, Work Experience:	Area of Expertise, Work Experience:
3. Name:	4. Name:
Area of Expertise, Work Experience:	Area of Expertise, Work Experience:
5. Name:	6. Name:
Area of Expertise, Work Experience:	Area of Expertise, Work Experience:

Description of Record Keeping System: (Please mark) _____ <i>'The approved application and attendance records will be kept on file in a safe, secure location for 6 years.'</i>		
Name of Person Coordinating Offering:	Title and Profession:	Department:
Street Address:		Telephone Number (Include Area Code):
City:		Fax Number (Include Area Code):
State, Zip Code:		E-Mail Address:

