



**NORTH CAROLINA ASSOCIATION for
HOSPITAL CENTRAL SERVICE PROFESSIONALS
2011 ELECTION
BIOGRAPHICAL INFORMATION FORM
FOR OFFICIAL BALLOT**

NAME: _____

TITLE: _____

INSTITUTION: _____

ADDRESS: _____

CITY & STATE: _____

TELEPHONE #: _____ FAX #: _____

1. Education background (list degrees, institutes and year completed).
2. Healthcare Experience (list most current first)
3. Central Service activities (e.g. chapter activities)
4. NCAHCSP membership date (year): _____
5. If you have been a previous faculty person on a program, state when/where.

