



**NORTH CAROLINA ASSOCIATION for  
HOSPITAL CENTRAL SERVICE  
PROFESSIONALS 2017 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.

