

NORTH CAROLINA ASSOCIATION for HOSPITAL CENTRAL SERVICE PROFESSIONALS 2017 ELECTION BIOGRAPHICAL INFORMATION FORM FOR OFFICIAL BALLOT

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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.

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- 6. Articles published (when/where).
- 7. Other healthcare related activities.
- 8. Please give a statement explaining why you believe you should be elected. (Explain your goals and what you can offer the association).