



Biographical Form for Service as a Review Team Member

Personal Detail	
Name and complete credentials	
Employer Detail	
Employer Name	
Work Phone	Work Email
Personal Email Address	

List certifications presently held, and year achieved

Certification	Year Achieved

Education (List All Degrees Earned)

Institution	City/State	Degree	Year Earned

List professional memberships and other affiliations

Professional Memberships and Other Affiliations

Leadership - List offices and committee chair positions held in professional organizations:

Organization	Role

Work History Summary:

Employer	Job Title	Years	Responsibilities

Describe the skills and experience you would bring to the reviewer position.

In what specific ways would you contribute to ABSNC’s mission to “promote excellence in specialty nursing through a rigorous accreditation process for credentialing programs”?

I confirm that I have (1) the ability to attend meetings, via teleconference and (2) the support of my employer to participate as an ABSNC Reviewer.

Electronic Signature

Date

Please *e-mail* the completed form to the ABSNC office at info@absnc.org