

U.S. ARMY MEDICAL COMMAND
BIOGRAPHIC DATA FORM

(THIS FORM IS FOR INSTRUCTORS ONLY)

INSTRUCTIONS: Information for each faculty member must be typed directly on this form. The information you provide may be used for your introduction and/or publication in course materials.

Name: _____

Rank/Service (if applicable): _____ Soc. Security Number: _____

Work Address: _____

Home Address: _____

Telephone: Work: _____ DSN: _____ Fax: _____

Home: _____ Email: _____

Present Position (title and brief description): _____

Education (*include basic preparation through highest degree held*):

<i>Degree Awarded</i>	<i>Institution/Location</i>	<i>Major Area of Study</i>	<i>Year of Degree</i>

Describe your area(s) of expertise as it pertains to your presentation (*include publications, credentials, and presentations*):
