



## ACOEP Faculty Profile

Name and title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Professional Information

Hospital Affiliation: \_\_\_\_\_

Positions held: \_\_\_\_\_

University Affiliation: \_\_\_\_\_

Positions held: \_\_\_\_\_

**\*Please attach your Curriculum Vitae.**

## Professional Speaking Experience

Areas of expertise: \_\_\_\_\_

\_\_\_\_\_

National speaking experience (List courses/topics/dates): \_\_\_\_\_

\_\_\_\_\_

*(Please attach additional sheet if you need more room.)*

List topics you are interested in presenting:

\_\_\_\_\_

\_\_\_\_\_

List 2 – 3 contacts on an additional sheet that may attest to your speaking ability.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Thank you for your Faculty Profile Submission!**  
**Please attach your Curriculum Vitae to this form and fax (312) 587-9951; ATTN: Kristin; or scan and email to: [kwattonville@acoep.org](mailto:kwattonville@acoep.org)**