

Biographical Data Form and Financial Interest Disclosure

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COURSE TITLE							
NAME:							
Preferred Mailing A							
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RN LPN/L	VN □ CRNO	☐ CRA	□ CO		□ABO		Other:
EDUCATION (PO	ST HIGH SCHO	OL): (Include b	asic preparat	tion through	highest degr	ee held.)	
Degree	Insti	tution (Name, 0	City, State)	_	Major Area of Study Year Degree Awarded		
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2.							
3.							
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	(S) OF SPECIAL	IZATION OR		-			
Administration	☐ Education	la tila a lua a la au c		ophthalmolo		Refractive	Surgery
Cataracts □ Cornea	☐ General op ☐ Glaucoma	hthalmology	☐ Pediatr	ics/strabism	_	Research Retina	Other
For the purpose of the		st Disclosure, "[or indirectly to the manufact
	-		or instruments	, or vision ca	ire products or	services comr	monly utilized by ophthalmol
Check all boxes the	at apply and sign be	elow.					
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	Consultant, advise				_		
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