DEPARTMENT OF HEALTH
OFFICE OF RURAL HEALTH AND PRIMARY CARE

FY 2022 Community Clinic Grant Program Biographical Sketch

Provide the following information for all professional personnel who will be involved in the project. Use continuation pages as necessary and follow the same general format for each person. Brief resumes may be provided in lieu of the form as long as each resume includes the required content. It is not necessary to include financial or administrative support personnel.

NAME and TITLE:

ROLE IN PROPOSED PROJECT:

EDUCATION:
For each professional education program, include the following:

- Institution Name
- Institution Location
- Degree (if applicable) and Completion Date
- Field of Study (if applicable)

PROFESSIONAL EXPERIENCE:

- Starting with present position, list training and experience relevant to the proposed project.
- Relevant education:
- Professional experience relevant to the proposed project: