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CONTINUING EDUCATION

**BIOGRAPHICAL DATA FORM**

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Name: \_\_\_\_\_  
(Name and Degree)

Home  
Address: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City, State, Zipcode)

Business  
Address: International Foundation of Bio-Magnetics  
(Employer, Name/Department)

5634 E Pima St  
(Number and Street)

Tucson, AZ 85712  
(City, State, Zipcode)

Telephone: 520-751-7751

Present Position  
(title and description): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Education (include basic preparation through highest degree held & professional)

Degree	Institution (Name, City, State)	Major Area of Study	Year Degree Awarded
1. Certified Practitioner	IFBM, Tucson AZ	Bio-Touch	
2.			
3.			

Use the space below to briefly describe your professional experience or areas of expertise (including publications) which contribute to your particular involvement with the organization seeking accreditation or the offering/program being presented.

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