

Health Science Directory Information

Please complete the following information for the Health Science Directory.

Name:

School/Office Name:

Address:

City, State, Zipcode:

School Telephone:

Fax:

E-mail:

Home Address:

City, State, Zipcode:

Telephone:

Job Title/Position:

Primary Educational Program Responsibilities (Check One)

- Allied Health (Please specify area): _____
- Associate Degree Nursing
- Practical Nursing
- Health Sciences

Short-term Course Responsibilities:

Years in Teaching:

Consecutive Years as a:

- MoSAHOE Member
- Missouri ACTE Member
- ACTE Member

Please return to: Emily Harper, Health Science Supervisor, DESE
P.O. Box 480 Jefferson City, MO 65102 FAX: 573-526-4261 E-MAIL: emily.harper@dese.mo.gov