



Application for Approval of State Assembly Continuing Education Programs

Association of Surgical Technologists State Assembly www.ast.org
6 W Dry Creek Cir, Ste 200 • Littleton, CO 80120-8031

Appendix B: AST SPEAKER BIOGRAPHICAL FORM

SPEAKER: please submit this completed form with your curriculum vitae or resume to the requested state assembly, not AST.

STATE ASSEMBLY (please indicate which state you are speaking in) _____

SPEAKER INFORMATION

Speaker Name _____ Credentials _____

Telephone _____ Email _____

PRESENTATION

Presentation Title _____

Presentation Description: Please provide a brief description of your presentation.

Please include a copy of your resume or curriculum vitae that includes education completed.

CONFLICT OF INTEREST

I declare that I do NOT have any financial relationships/interests with any commercial interest(s) that could pose a conflict of interest with my presentation(s).

I have an affiliation or financial relationship/interest with a commercial interest(s) that could be perceived as posing a potential conflict of interest with my presentation(s).

Explanation if conflict of interest is present:

SPEAKER SIGNATURE

Signature _____ Date _____