



FORWARD TO: April Robinson  
Radiological Health Program  
1800 Washington Boulevard  
Baltimore, Maryland 21230  
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## ***CURRICULUM VITAE***

Submitted for consideration and possible appointment to the ***RADIATION CONTROL ADVISORY BOARD***.

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### **PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Social Security #: xxx-xx- \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Maryland County in which you reside: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

(The questions of race and sex are included for the sole purpose of enhancing diversity on State Boards and Commissions.)

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Are you a consumer? \_\_\_\_\_ Provider/contractor? \_\_\_\_\_ Are you married to a Provider/contractor? \_\_\_\_\_

Do you hold a license in this State to practice a profession or trade? \_\_\_\_\_

Occupation: \_\_\_\_\_ License #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Are you an officer or board member of any profession? \_\_\_\_\_

If yes, Association and Office: \_\_\_\_\_

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Please attach a short resume that includes your academic background and work experience as well as the professional, political and civic organizations of which you are presently a member. (If a resume is not available, please supply this information on the reverse page).

Name: \_\_\_\_\_

**ACADEMIC BACKGROUND:**

**WORK EXPERIENCE:**

**PROFESSIONAL, POLITICAL AND CIVIC ORGANIZATIONS:**