Rural Collaborative Opportunities for Occupational Learning in Health (R-COOL-Health)



Presenter name and title:



Presenter Information

Cossion subject (health profession)
Session subject (health profession):
Presenter's contact information:
Employer:
Address:
City/State/Zip code:
Phone Number:
E-mail Address:
Presenter's requests:
A/V equipment:
Travel expenses:
Educational experience (schools, degrees, and total years of schooling):
Please provide a brief explanation of your position including your daily activities and number
Please provide a brief explanation of your position including your daily activities and number of years in your current position.
Please provide a brief explanation of your position including your daily activities and number of years in your current position.