



FORWARD TO: Kerry Lewis
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CURRICULUM VITAE

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

PERSONAL INFORMATION:

Name: _____ Social Security #: xxx-xx-_____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Maryland County in which you reside: _____

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: _____

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.