**NA-MIC Faculty Information Fields**

**Name:**

**Institutional Affiliation:**

**Academic Affiliation:**

**Education:** Include degrees, dates, fellowships, and granting institutions

**Honors and Awards:**

**NA-MIC History:** Your role when you began your affiliation and your current role

**Email:**

**Phone:**

**FAX:**

**Narrative:** Each Center should maintain an up-to-date list of faculty members who participate in the Center and *revise the description of their contributions annually.* Please provide 3-5 sentences for each faculty member that describe his/her contributions to NA-MIC.