

ATTACHMENT 18



Department of Civil Service

Biographical Sketch Form - RFP entitled: "New York State Health Insurance Program Decision Support System"

INSTRUCTION: Prepare this form for each key staff individual, including subcontractor-provided key staff, if any.

Offeror Name: _____

Name: _____

Job Title: _____

Relationship to Project: _____

EDUCATION

<u>Institution & Location</u>	<u>Degree</u>	<u>Year Conferred</u>	<u>Discipline</u>

PROFESSIONAL EMPLOYMENT (Start with most recent.)

<u>Dates From - To</u>	<u>Employer</u>	<u>Title</u>

PROFESSIONAL EXPERIENCE (Significant experience/education relevant to program)
