## RECOMMENDATION FOR APPOINTMENT BACK-UP INFORMATION

NAME: Karen Holowinski

ADDRESS: Castle Rock, CO

**POSITION:** Professor, Nursing

**DEPARTMENT:** Nursing, CPC

## **SELECTED EXPERIENCE**

<u>Employer</u>	<u>Date</u>	<u>Position</u>
Denver School of Nursing	11/10 - 02/14	Associate Professor
DaVita	10/06 - 11/10	Registered Nurse, Clinical Coordinator
University of Colorado Hospital	09/02 - 09/06	Registered Nurse

## **EDUCATION**

School	<u>Date</u>	Course/Degree/Certification
University of Northern Colorado	2001	M.S., Nursing
University of Phoenix	1995	B.S., Nursing
Northern Virginia Community College	1977	A.S., Nursing
Colorado Board of Nursing	2013	Registered Nurse