



## Biographical Information Form

(Speakers/Presenters/Authors)

All speakers/presenters and authors are required to submit biographical information early in the event planning process. A previously prepared resume may be submitted in place of this form.

**Name with**

**Credentials:** Maureen Stabile Beck DNP, APRN, GNP-BC

**Address:** 6431 Fannin Street MSB 1.150, Houston, Texas 77030

**Phone Number:** 832-259-7413

**Email address:** Maureen.Beck@uth.tmc.edu

**Current Employer:** McGovern School of Medicine at UTHealth

**Current Position/Title:** Assistant Professor

Degrees	Institution (Name, City, State)	Major Area of Study	Year Degree Awarded
DNP	Cizik School of Nursing Houston, Texas	Nursing	2015
MSN	Cizik School of Nursing Houston, Texas	Gerontological Nurse Practitioner	1992
BSN	Duke University Durham, North Carolina	Nursing	1979

Residency	Institution (Name, City, State)	Major Area of Study	Year Degree Awarded
N/A			

Use the space below to briefly describe your professional experience or areas of expertise (including publications) related to your involvement in continuing education and your particular role, e.g., speaker, presenter, peer reviewer, administrator, etc.:

Since becoming a nurse practitioner in 1992 my clinical practices have been outpatient geriatric assessment centers and geriatric house call programs. My current house call practice focuses on assisted living patients. My publications have been related to the geriatric cancer patient and improving outpatient care for geriatric patients. I review articles for Geriatric Nursing and have presented orally, and through posters at national and local conferences. I am the Quality Officer for the Division of Geriatric and Palliative Medicine and teach/ precept medical and graduate level nurse practitioner students. I serve as the co-medical director for the UTPhysicians Center for Healthy Aging.